

# Executive Office of Health and Human Services

Commonwealth of Massachusetts

**Performance Report  
Fiscal Year 2014**

**John Polanowicz  
Secretary**

**Person and Family-Centered  
Collaboration and Partnership  
Accountability  
Stewardship**



## A MESSAGE FROM THE SECRETARY

Welcome to the FY2014 edition of the Executive Office of Health and Human Services (EOHHS) Performance Report.

EOHHS is comprised of 15 agencies and serves nearly every Massachusetts resident. Our secretariat's mandate is to improve the quality of life for the people of Massachusetts, including its most vulnerable residents. Approximately half the State's budget funds the important work of EOHHS and the approximately 22,000 employees that care for veterans, administer food support for low-income families and elders, develop skills for individuals with disabilities, strengthen and support families with young children and promote the health and wellbeing of people with chronic health conditions. This is just a small sample of the compassionate work we do. The breadth of our responsibilities is enormous; tracking our performance has ensured progress is made.

Our Strategic Plan identified five Secretariat priorities: 1) **Promoting Health Care Quality, Access and Affordability**, 2) **Fostering Safe Communities**, 3) **Advancing Self-Sufficiency**, 4) **Expanding Community First** and 5) **Ensuring Children are Ready to Learn**. These priorities have been broken down into 20 measureable goals that serve as the foundation upon which agencies track success and chart performance. From **reducing health care costs** and **expanding access to community-based supports to reducing youth violence** and **promoting skill development for people with disabilities**, our goals guide specific initiatives and interventions across our secretariat developed to improve quality of life.

While we are always cognizant of our long term strategic goals, we are also mindful of situations that require a more immediate focus. This past year, the implementation of the Affordable Care Act (ACA), concerns regarding the safety of children served at the Department of Children and Families, the implementation of the medical use of marijuana and the response to our state's opioid epidemic have all required additional attention and tracking. This report provides a snapshot of our performance toward our strategic goals as well as the progress that has been made on select high-profile issues.

Much of the work on Governor Patrick's strategic goals for his administration - closing the achievement gap, creating jobs, reducing healthcare costs, and eliminating youth violence - is done within EOHHS agencies. While this work is ongoing, I am pleased to report on the substantial progress EOHHS agencies have made in these areas over the past year.

I encourage you to read this report and welcome your feedback.

**John Polanowicz, Secretary**

### EOHHS AGENCIES

- Office of Medicaid/MassHealth
- Executive Office of Elder Affairs
- Department of Mental Health
- Department of Public Health
- Department of Children and Families
- Department of Transitional Assistance
- Department of Youth Services
- Office for Refugees and Immigrants
- Department of Developmental Services
- Massachusetts Commission for the Blind
- Massachusetts Commission for the Deaf and Hard of Hearing
- Massachusetts Rehabilitation Commission
- Department of Veterans Services
- Chelsea Soldiers' Home
- Holyoke Soldiers' Home

This document was prepared pursuant to Executive Order 540, Governor Patrick's directive to embed strategic planning and performance management across state government.

Review of this document should be made in conjunction with the [EOHHS 2012-2015 Strategic Plan](#). This report provides an update on the accomplishments related to our secretariat strategic goals.

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## Working together | Achieving our priorities

The Executive Office of Health and Human Services (EOHHS) has designed a performance management system that ensures alignment among goals outlined by the Governor, our Secretariat and our individual agencies' missions, priorities, and strategic goals. In doing so, we have created a logical framework for the broad range of work we do that supports shared goals at all levels of government. The EOHHS 2012-2015 Strategic Plan was the result of a collaborative process in which EOHHS leadership outlined our vision, mission, goals and key strategies to achieve our shared objectives. This plan provided the basis for the dashboards we use on a regular basis to measure progress towards our shared goals.

The goals identified in our Strategic Plan were integrated into our existing organizational structure for ongoing management and oversight. Just as each agency contributed to the development of the Strategic Plan, each agency has contributed to the ongoing review of our goals, initiatives and performance measures. The EOHHS staff met regularly to discuss our progress, and review course corrections necessary to ensure our goals are being met. This report includes information gleaned from these ongoing conversations, along with review of individual measures in conjunction with agency representatives.

We are proud of the cross-cluster collaborations that have been made to advance our priorities. Specific projects developed under our priority of Promoting Health Care Access, Quality and Affordability, such as the full implementation of the Affordable Care

Act (ACA), and the launch of the **One Care program**, engaged multiple agencies in creating sustainable responses to improve health care for residents of the Commonwealth. The Departments of Mental Health and Veterans Services collaborated under the **Statewide Advocacy for Veterans' Empowerment (SAVE)** program to help veterans access the benefits and services they need to prevent suicide and mental health distress ensuring enhanced safety in our veteran's community. These are just some examples of how we have improved our delivery model for individuals and families.

Across each of our five priorities, we have made significant achievements toward the realization of our vision of secure, safe and healthy individuals, children, families, and communities in the Commonwealth. In creating this Performance Report, EOHHS staff and leadership are pleased to share performance measures that are representative of the breadth of work at each of our fifteen agencies. Our goal is to illustrate how the work done on behalf of the Commonwealth is guided by the strategic priorities identified in 2012. This has required some refinements of goals, initiatives and measures included in the Strategic Plan. It is our belief that what is presented here is demonstrative of the work towards achieving strategic goals. This streamlined reporting makes for a clear narrative and increased transparency. Additional questions about this report or performance management at EHS can be directed to [EHSResultsUnit@state.ma.us](mailto:EHSResultsUnit@state.ma.us)

## EOHHS 2012-2015 Strategic Goals

### Promoting Health Care Access, Quality and Affordability

- 1) Maintain access to health care and reduce disparities in access
- 2) Improve the quality of health care in all clinical settings
- 3) Reduce the cost of health care through system redesign, payment reform and the use of HIT
- 4) Improve care coordination for high risk populations: people with chronic disease, including cognitive, mental, behavioral and substance use disorders
- 5) Improve the health of individuals, families and communities

### Fostering Safe Communities

- 6) Enhance veteran safety
- 7) Increase efforts to support veterans in the criminal justice system
- 8) Partner with local communities to implement targeted strategies to reduce youth violence

### Advancing Self-Sufficiency

- 9) Increase accessible and varied job development, job creation and support opportunities
- 10) Promote skill development for youth with disabilities in preparation for a productive adult life
- 11) Ensure the availability of physical and communication access for individuals with disabilities in the Commonwealth

- 12) Ensure that access to all veterans' benefits and services is available throughout the commonwealth
- 13) Expand income and financial support opportunities for all elders in the Commonwealth including employment, benefits eligibility and personal planning opportunities

### Expanding Community First

- 14) Provide innovative person-centered services focused on consumer choice and self-determination
- 15) Expand access to home and community-based long-term supports while also improving the capacity and quality of supports
- 16) Improve the capacity, quality and availability of community-based long-term care service and supports
- 17) Increase the supports available to informal caregivers such as respite and supportive services in order to encourage continuation of informal care giving

### Ensuring Children are Ready to Learn

- 18) Improve student attendance
- 19) Meet families' support needs
- 20) Address students' non-academic needs (e.g. behavioral, physical and mental health)

## Performance Narrative

# Promoting Health Care Quality, Access and Affordability

The Executive Office of Health and Human Services (EOHHS) is the Commonwealth's principal health agency, leading efforts to improve health, promote wellness, and advance the quality of care for all residents. Our role is multi-faceted. EOHHS develops policies that govern how the state funds and delivers health services. Through MassHealth, we provide comprehensive health coverage to 1.8 million residents. We fund a wide range of health, mental health, substance use disorder, long term care, and public health services. We operate facilities that provide acute and chronic medical care, health care services to veterans, and mental health services to individuals of all ages. In our role as the state's public health authority, we promote public health in the areas of communicable diseases, community health access, emergency preparedness, environmental health, family health and nutrition, and health care safety and quality.

*"Access to affordable care gives peace of mind and economic security to working people and families; increases productivity for large and small employers alike; creates jobs and contributes to the strength of the Massachusetts economy. That's why we in Massachusetts believe that health is a public good, an expression of the kind of community and Commonwealth we are."*

*-Governor Patrick, October 2014*

Massachusetts is the United States' leader in its efforts to reform the health care system and broaden access to care. We lead the nation in insuring our population, with **97 percent of residents insured**. With the implementation of the **Affordable Care Act (ACA)**,

Massachusetts' commercial and public health insurance programs **increased enrollment by almost 300,000 members** by the end of fiscal year 2014. These increases may indicate that Massachusetts is growing closer to near-universal coverage. We continue to strive to make high-quality, affordable health care available to all residents while pursuing innovative strategies to reduce health care costs.

Massachusetts is also a pioneer in its efforts to reform the health care delivery system in order to provide integrated care for high risk populations and for those with chronic disease including mental health and substance use disorders. These efforts include initiatives such as the **Delivery System Transformation Initiatives**, **State Innovation Model Grant**, **Money Follows the Person**, and the **One Care** program to integrate services for individuals dually eligible for Medicaid and Medicare.

Our strategic goals for this priority are to:

- Maintain access to health care and reduce disparities in access
- Improve the quality of health care in all clinical settings
- Reduce the cost of health care through system redesign, payment reform and the use of health information technology (HIT)
- Improve care coordination for high risk populations: people with chronic disease, including cognitive, mental, behavioral and substance use disorders
- Improve the health of individuals, families and communities

Key initiatives designed to address health care access, quality and affordability are often comprehensive in their approach – aimed at

targeting multiple strategic goals. Implementation of the ACA, the Delivery Service Transformation Initiative and the integration of physical and behavioral health into person-centered medical homes are all designed to address quality, cost and improved coordination of care simultaneously. Initiatives described under a specific goal area below may impact other strategic goals in significant ways as well.

### Maintain access to health care and reduce disparities in access

The full implementation of the ACA in January 2014 increased the number of people receiving health care through MassHealth by 19%. These 307,680 people were part of the MassHealth Expansion Population for 2014, which is designed to maintain coverage for residents awaiting eligibility determination for subsidized public program enrollment.

As a result of the Medicaid expansion in Massachusetts authorized by the ACA, MassHealth introduced a new benefit plan, **CarePlus**, for adults 21 to 64 years old who meet income and eligibility guidelines. CarePlus serves the majority of the population made eligible for MassHealth coverage as a result of the ACA's Medicaid expansion and offers a wide range of health benefits, such as doctor and clinic visits, hospital stays, prescription medicines and behavioral health services through enrollment in a Managed Care Organization (MCO). Quality improvement goals for CarePlus MCOs were aligned with the existing traditional MCO program which reduces redundancy and ensures quality programming is consistent across both plans.

In order to meet the requirements established under the ACA, MassHealth and the Health Connector have been working together to build a new web-based system enabling real-time eligibility, integration with the **Federal Data Services Hub (FDSH)**, a web service through which information from the Internal Revenue

Service (IRS), the Department of Homeland Security (DHS), and the Social Security Administration (SSA) can provide information about individuals and families applying for health insurance through state-based or federal marketplaces. The new eligibility system will ultimately be expanded to other EOHHS agencies to improve eligibility, enrollment, and access to other health and human services.

Despite the challenges with the state's Health Insurance Exchange (HIX) website through the first ACA Open Enrollment period, the Commonwealth acted quickly to ensure coverage for its residents. The Commonwealth also moved forward aggressively to have a functional Exchange in place for the fall 2014 Open Enrollment period. The Exchange supports ConnectorCare, Massachusetts' unique program that offers additional state premium assistance and cost sharing subsidies to help make health insurance more affordable for thousands of residents. The state affordability standards have been one of the main drivers behind the Commonwealth's nation-leading 97% rate of insurance, and the ConnectorCare program will allow us to continue to maintain our affordability levels. The new Exchange launched successfully on November 15, 2014 for the second Open Enrollment period.

### Improve the quality of health care in all clinical settings

Established in 2011, **Delivery System Transformation Initiatives (DSTI)** is a performance based incentive payment program to support and reward safety net hospitals for investing in projects that advance the triple aims of better care, better population health and lower costs. In FY14, all seven hospitals involved in the initiative created and developed new plans for the upcoming waiver renewal term. These plans increased the scope, depth and difficulty of projects in order to achieve incentive payments. Plans also incorporated validated measures so that progress could be compared across hospitals. As we have seen DSTI implementation

progress, hospitals have been consistent in meeting their metric targets.

**Infrastructure and Capacity Building (ICB)** grants allow acute hospitals, critical access hospitals, and community health centers (CHCs) to apply for funding in order to develop and implement infrastructure and capacity building projects. These initiatives serve to support and strengthen providers that have limited capacity to initiate transformative projects with the goal of enhancing service and high-quality care to MassHealth members. Providers have the opportunity to apply for projects that fall into five major categories: (i) developing a fully integrated delivery system; (ii) ability to move towards value-based purchasing and alternative payment methodologies; (iii) health outcomes and quality; (iv) outreach and enrollment; and (v) enhancing business strategy and operations capacity. These categories allow providers to make systemic transformations, which would be unattainable without support from MassHealth.

The projects that have been conducted since 2010 demonstrate that the ICB program has been successful in creating meaningful change for providers across the state. Some examples include achieving National Committee for Quality Assurance (NCQA) recognition for their Patient-Centered Medical Home models; establishing disease registries; creating a streamlined referral process for patients needing mental health services; analyzing Emergency Department visits and readmissions and determining how primary care intervention can lower these rates; and focusing on outreach to groups that have difficulty accessing health care services.

The Nursing Facility **Pay for Performance (P4P)** project rewards nursing facilities for excelling at or improving the quality of services they provide to MassHealth members. The program awards incentive payments to eligible nursing facilities in an effort to improve quality of care within facilities. In FY14, 99% of

participating Nursing Facilities have been awarded a 2014 Pay for Performance bonus based on meeting three clinical criteria that enhance resident quality and safety, including reductions in the number of residents receiving antipsychotic medications, the number of high-risk residents with pressure ulcers and/or the number of long-stay residents with urinary tract infections.

### **Reduce the cost of health care through system redesign, payment reform and the use of health information technology (HIT)**

The **State Innovation Model (SIM)** grant is a competitive federal funding opportunity for states to design and test multi-payer payment and delivery models that deliver high-quality health care and improve health system performance. Grant activities focus on implementing alternative payments as envisioned by Chapter 224, and creating the foundational tools to support delivery system change.

SIM helps to support MassHealth's **Primary Care Payment Reform (PCPR)**, a ground-breaking initiative to change the way MassHealth pays for primary care from fee-for-service to an accountable care model. Simultaneously, PCPR supports primary care practices as they transition to integrated patient-centered medical homes, and advances the Administration's commitment to building a strong primary care foundation. The PCPR payment model employs an innovative three-pronged approach: capitation for primary care services, a shared savings/shared risk program, and a quality incentive payment. PCPR supplements its payment model with detailed panel-level data reports, interactive quality dashboards, a learning collaborative focused on behavioral health integration, and ongoing technical assistance. PCPR's full payment model launched on March 1, 2014, and the program currently has a diverse cohort of 28 Primary Care Centers participating across 47 practice site locations across the Commonwealth, covering a population of approximately 70,000 members.

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SIM also supports the **e-Referral program**, an open-source, bi-directional referral system to formalize community-clinical linkages. In this first year, work began to connect pilot community health centers to six community-based organizations. The Massachusetts League of Community Health Centers is an essential partner in this effort for Electronic Medical Record integration, clinical workflow, and evaluation. This effort is also aligned with the **Prevention and Wellness Trust Fund**. This technology has real, practical implications. For example, a doctor who has recently diagnosed a patient with diabetes can automatically communicate with a community-based organization (CBO) which provides diabetes education and chronic disease self-management classes. In addition, that CBO can automatically communicate back to the doctor that the patient was contacted, education provided, classes were taken, and even weight was lost. During subsequent office visits with the patient, the doctor can measure how that particular diabetes intervention may have contributed to an improved outcome for that patient's diabetes diagnosis and that data can be used to measure the overall impact that such interventions can have on chronic diseases and conditions.

Health information technology is also being shared through the statewide electronic health information exchange, The Massachusetts Health Information Highway (**The Mass Hlway**). The Mass Hlway offers doctors' offices, hospitals, laboratories, pharmacies, skilled nursing facilities, and other healthcare organizations a way to securely and seamlessly transmit vital data electronically. With a current list of 230 participants ranging from individual physicians to large urban hospitals, more than four million transactions have been securely processed through the Hlway. These transactions are a direct measure of our goal to facilitate information sharing and communication among healthcare organizations, improve care quality and safety during patient transitions of care, reduce costs and duplication and improve

patient outcomes and satisfaction. Additionally, the Mass Hlway serves as a relationship listing service that, with patient consent, allows a patient's healthcare team increased visibility into where the patient has received care. The result is more robust data sharing and a better coordinated healthcare team. Within one month, a single Mass Hlway participant has received consent from over 1300 patients with a 0% opt-out rate. This illustrates the public's trust in the Mass Hlway and its readiness to allow providers access to state-operated health information technology tools to improve care quality and delivery.

*"This technology is a win for all of us – it will help us reduce health costs, improve patient care and save lives. Accurate health information is the fuel of our health care system, and these innovations will allow providers to treat patients with greater accuracy and speed."*

*- Governor Patrick at Mass Hlway launch, January 2014*

Lastly, EOHHS aims to address fraudulent activity as a potential driver of health care costs. Field reviews of our **Program Integrity** efforts and the initiation of our **Predictive Modeling** program have shown proven success in recovering and/or preventing fraudulent Medicaid activity. In FY14, over \$74M in savings or recoveries was generated by various fraud prevention activities, including provider and member recoveries, asset verification and the Attorney General's Fraud Control Unit.

### **Improve care coordination for high risk populations: people with chronic disease, including cognitive, mental, behavioral and substance use disorders**

Several innovative programs have been established to improve care coordination and address the sometimes fragmented and discontinuous care sometimes seen in the current system. At the

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core of these new programs are improvements to care quality and efficiency that have the potential to lower the total cost of care over time. Three major initiatives include One Care, the Patient Centered Medical Home Initiative and Money Follows the Person.



In October 2013, MassHealth launched **One Care: MassHealth plus Medicare**, a program designed to improve care coordination of services provided to persons with disabilities who are dually eligible for both

Medicaid and Medicare. There are currently approximately 17,000 members enrolled in the program. An Early Indicators Project was created to obtain early information about One Care impact on members. Initial surveys found that members found the informational materials easy to understand and very important to their decision to enroll. Focus groups found that members who self-selected into the One Care program were most hopeful about the care coordination and long term supports coordination aspects of the program. The majority of this group indicated satisfaction with the program thus far. Focus groups were also held with members who opted out of One Care. For this group, concerns about the ability to keep their relationships with current doctors and prescriptions as well as potential risks for changing to a new and untested insurance were the main reasons for choosing to opt out. Both focus groups were relatively small and not necessarily representative of the entire population; however, the qualitative feedback offers a glimpse into members' perspective of the One Care program. MassHealth continues to work with the One Care Plans to enhance the experience of members participating in One Care.

*"With One Care, Nancy has the support of a care coordinator and a care team, so she doesn't feel like she's alone. Nancy was pleased that with Tufts Health Plan – Network Health she could keep her*

*prescriptions, doctors, and personal care attendant services in One Care. She researched her options and made a decision that was right for her – and she's happy to know that she can change her mind if she wants. Nancy's One Care plan has made things simpler for her."*

<http://youtu.be/HdZDnbwP5Ug>

The **Patient-Centered Medical Home (PCMH)** model is designed to promote



comprehensive, coordinated, patient-centered care delivered by teams of primary care providers, including physicians and nurses. In a patient-centered medical home, a primary care provider and members of his or her team coordinates all of a patient's health needs, including management of chronic conditions, visits to specialists, hospital admissions, and reminding patients when they need check-ups and tests.

MassHealth's three-year PCMH Initiative (PCMH) concluded in FY2014. In FY14, 97% of PCMH practices achieved NCQA recognition as a PCMH. Half of the clinical measures reviewed showed significant improvement and EOHHS is continuing to work toward its goal of primary care transformation through PCPR and other delivery system transformation initiatives.



*"MFP], we will be able to better provide cost-while promoting self-sufficiency, dignity, and community."*

*- Secretary Polanowicz, November 2013*

The **Money Follows the Person (MFP) Demonstration** is a voluntary program that helps elders and adults with disabilities who want to move from facility-based care back to the community. MFP provides an array of services including case management, assistive technology, orientation and mobility, and transitional assistance services designed to help individuals transition from nursing

facilities and other long-stay hospital settings to the community. To date, over 900 people have been transitioned from facilities into community based care.

### Improve the health of individuals, families and communities

Our broad goal to improve health in Massachusetts takes on many forms. From promoting healthy lifestyles to addressing the opioid epidemic, EOHHS is finding innovative ways to improve health in the Commonwealth. This past year, EOHHS and the Departments of Public Health and Mental Health (DPH and DMH respectively) have promoted healthy eating and activity, reduced rates of smoking for youth and provided Community Based Flexible Supports for individuals with mental illness. In addition, our leadership on the growing opioid crisis and implementation of a safe and comprehensive process for registering new medical marijuana dispensaries has resulted in strong relationships with key stakeholders that will ensure safety over time.

As stated in Chapter 224 of the Acts of 2012, the **Prevention and Wellness Trust Fund (PWTF)** will be used to achieve reductions in the prevalence of preventable health conditions and reductions in health care costs or the growth in health care cost trends. In FY14, the Patrick Administration announced more than \$40 million in grants to nine community-based partnerships to help fight chronic illness and improve health outcomes while reducing health care costs through the PWTF. The key strategies for funding projects required the use of evidence-based interventions, targeting of areas and populations with high disease incidence and/or high healthcare costs as well as targeting risk factors and diseases that lead to significant cost savings, promoting strong linkages between clinical settings and community organizations and resources, maximizing the Return on Investment (ROI) and promoting sustainable changes. All grantees were required to address at least two priority conditions, identified as those with a stronger evidence base and

thus expected to produce larger impact on preventable health conditions and health care costs. Priority areas included tobacco use, asthma (pediatric), hypertension, and fall prevention among older adults. Applicants were also encouraged to address mental health/depression and substance abuse as co-morbid conditions and were permitted to address other optional conditions (obesity, diabetes, oral health, substance abuse/mental health). A comprehensive evaluation plan has been developed to examine the sophisticated linkages between clinical, cost and community-level data.

**Mass in Motion** is a statewide movement that promotes opportunities for healthy eating and active living in the places people live, learn, work and play. Through grants, partnerships and regulations, DPH works with communities, schools, childcare centers, and businesses to create changes that make it easy for people to eat better and move more. With funding from the Centers for Disease Control and Prevention under the Community Transformation Grant Program, DPH funded 33 Mass in Motion programs covering 52 Massachusetts cities and towns and 33% of the state population.

Specifically, Mass in Motion has had a significant effect on reducing rates of childhood obesity in the towns that it serves. School-based efforts such as improving foods and increasing physical activities, as well as sharing more accurate information with families about their children's health have been hallmarks of the plan. All public schools now collect Body Mass Index (BMI) measurements for students in grades 1, 4, 7 and 10 and confidentially relay these to parents. The aggregate data on BMI results is also useful for tracking the rates over time and planning school and community based changes to promote healthy weight among children. Recent analysis of over 900,000 BMI records from 290 school districts showed a 3.7 % reduction in the prevalence of childhood overweight or obesity in MA public school students between 2009-2013.

Another area where we have seen significant improvement in public health outcomes is with **youth smoking rates**. This past year, results of the Youth Risk Behavior Survey indicated that the percentage of high school students who smoke cigarettes or smokeless tobacco is down to 11% statewide, a 25% decrease from previous levels. This improvement has been influenced by a variety of factors, including the success of the tobacco control campaign in MA and nationwide in creating a social norm that smoking cigarettes is not “cool,” and the fact that fewer youth live with someone in their household who smokes, thereby increasing role models who do not smoke. Another factor may be the shift to new tobacco delivery mechanisms, such as e-cigarettes. The Massachusetts Tobacco Control Program and its locally funded programs have promoted a slate of model tobacco control policies including a ban on the sale of tobacco in pharmacies, minimum pricing of single cigars, and a municipal cap on the number of tobacco retailers that has reduced youth access to tobacco products and strengthened the social norm that most people do not smoke.

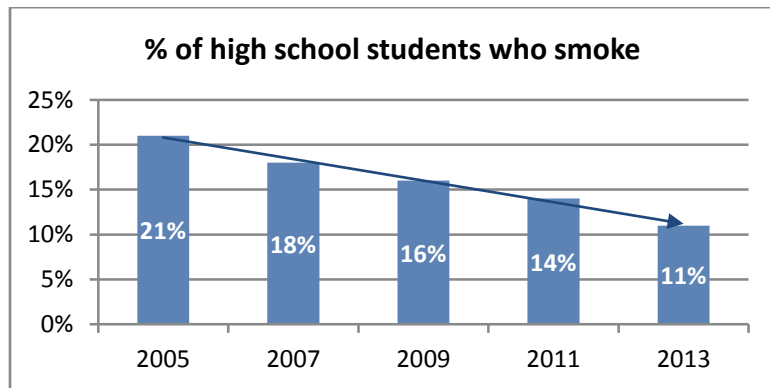


Figure 1: High school smoking rates include those who report smoking cigarettes, cigars, cigarillos, or little cigars within the previous 30 days

Behavioral health is also an important area of focus. At the Department of Mental Health (DMH), **Community Based Flexible Support Services (CBFS)** provide rehabilitative interventions and

supports in partnership with clients and their families to promote and facilitate recovery. Services include interventions and supports that manage psychiatric symptoms in the community, restore or maintain independent living in the community, restore or maintain daily living skills, promote wellness and the management of medical conditions and assist clients to restore or maintain and use their strengths and skills to undertake employment. In FY14, over 13,000 people received CBFS services and an average of 84.5% of those individuals experienced uninterrupted community living for 90 days or greater.

In response to the growing opioid addiction epidemic in Massachusetts, and across the nation, Governor Patrick declared a public health emergency on March 27, 2014. The Governor directed DPH to take several actions to combat overdoses, stop the opioid epidemic from getting worse, help those already addicted to recover, and map a long-term solution to ending widespread opioid abuse in the Commonwealth. In June 2014, the work of the **Opioid Task Force**, led by the Commissioner of Public Health, resulted in a report outlining findings and recommendations in the areas of prevention, intervention, treatment and recovery. Recommendations included: increasing education for youth and families as well as prescribers; improving safe prescribing and dispensing of controlled substances; providing centralized information about treatment resources; addressing concerns about barriers and access to treatment options; and expanding recovery services including peer-to-peer support systems for those in recovery.

In the two years since a ballot initiative made medical marijuana legal in Massachusetts, the **Medical Use of Marijuana (MMJ) Program** has established a brand new industry on dual principles of patient access and public safety. As one of the first in the country to build a comprehensive dispensary-based medical marijuana program from scratch, Massachusetts boasts best-in-the-nation Registered Marijuana

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Dispensary (RMD) oversight, one of the toughest application processes, and is among the highest ranked states for patient access.

The MMJ Program held public hearings and listening sessions, drafted best-in-class regulations, conducted one of the most comprehensive application and verification processes in the nation, and winnowed the pool from 181 applicants to 11 of the most qualified RMDs now in the inspection phase. The first RMDs are expected to open this winter. To ensure accessibility, over 98% of the population is within 25 miles of an RMD.

Before dispensaries are able to open, however, they must complete a rigorous Inspection Phase that ensures they are ready to grow, ready to cultivate, ready to process, and ready to sell. Highlights of DPH's ongoing

oversight and operations to ensure both public safety and patient access include:

- An online registration system launched October 2014, allowing one hub for patients, physicians, nurse practitioners, law enforcement, caregivers and RMDs to register patients, track sales, and access vital information.
- Robust inspection and oversight program, including scheduled and unscheduled inspections; oversight and guidance for security, cultivation, transportation, lab testing and labeling of final product.
- A customer support team up and running to help patients, caregivers, and physicians with any issues.

## Safe Communities

People should feel safe where they live, work, learn, and play. EOHHS' strategies for promoting safe communities include both prevention and intervention. Whenever possible, we promote prevention of harm, abuse and neglect before they occur. In FY14, EOHHS agencies supported safety in communities through targeted efforts to reduce youth violence and ensure systems of support for our veterans. In addition, many of our agencies intervened to protect vulnerable populations including children, elders and individuals with disabilities, and to support individuals impacted by trauma.

EOHHS' prevention efforts apply a two-pronged approach that is population specific. With our veterans, prevention efforts take broader aim by promoting safety through the acquisition of safe housing and support around mental health issues, specifically suicide prevention. EOHHS agencies work diligently to address the distinct mental health concerns of veterans by creating specific community services that are targeted and culturally-competent. Keeping veterans safe and healthy ensures that those who serve are afforded opportunities to thrive.

For youth, we focus on efforts that keep people from hurting each other (safety from violence). EOHHS has identified youth crime and violence as areas of focus. Governor Patrick's Raise the Age legislation prevents most 17-year-olds from being prosecuted as adults and will potentially reduce recidivism rates through its age-focused rehabilitation. Additionally, two holistic prevention efforts in these areas - the Juvenile Detention Alternative Initiative (JDAI) and the Safe and Successful Youth Initiative (SSYI) - have proved to be successful in the past and continued that trend in FY14.

Our strategic goals for this priority are to:

- Enhance veteran safety
- Increase efforts to support veterans in the criminal justice system
- Partner with local communities to implement targeted strategies to reduce youth violence

Key initiatives to achieve these goals are to:

- Ensure veterans have access to safe housing opportunities through the Statewide Housing Advocacy for Reintegration and Prevention (SHARP) Program
- Prevent veterans suicide through efforts of Statewide Advocacy for Veterans' Empowerment Team (SAVE)
- Align EOHHS services and other programs across government intended to reduce youth violence to support a comprehensive and well-coordinated violence prevention strategy
- Remove 17 year olds from the adult court system and enter them into age-focused rehabilitation programs (Raise the Age)
- Reduce the Commonwealth's reliance on unnecessary use of secure detention centers for low-risk juveniles (JDAI)
- Partner with local communities to implement a targeted human service-based violence prevention strategy for high-risk youth (Safe and Successful Youth Initiative)



### Enhance Veterans' Safety

We are excited about the innovative work that our agencies are doing to keep veterans safe, mentally healthy and out of the criminal justice system. In order to ensure safety in communities throughout the Commonwealth, our agencies will continue to monitor the diverse needs across demographic groups of veterans, and work to prevent violence in a multitude of populations.



The *Department of Veterans' Services* (DVS) has oversight of the two Soldiers' Homes located in Chelsea and Holyoke. These two homes provide transitional and domiciliary housing programs as well as long-term care for veterans. Additionally, the sites serve as hubs for various veterans'

services such as SHARP, SAVE, Women Veterans' Network, Veterans' Services Officers, as well as advocacy groups and legal services.

The Homes enhance veterans' safety by providing a stable environment where veterans can receive the support that they need. The two homes maintain a variety of services to veterans such as physical and occupational therapy, and laboratory and radiology services. The Soldiers' Homes strive to care for the whole

veteran, knowing that a holistic approach to meeting veterans' needs is ideal. Our approach to serving the whole veteran enhances safety by managing the stressors of civilian life, such as finding safe housing and addressing both health and mental health needs.

Since FY12, the Chelsea Soldiers' Home, which places a priority on transitional housing for veterans, has seen a 10% decrease in their occupancy rate, from 89% in FY12 to 79% in FY14. This is a result of fewer homeless veterans in the community as well as our focus on maximizing opportunities for veterans to access permanent housing. Despite the decrease in occupants, we have expanded the wraparound services found on site, including a writing workshop for veterans as well as a Music Therapy Program for Women Veterans.

The Holyoke Soldiers' Home provides long-term care to 265 veterans and dormitory-style services for up to 30 veterans. Due to the demand for housing options, the occupancy rate for the dormitory will remain high, as it has been above 91% since FY12, and is currently at 95% for FY14. In addition to the Home's comprehensive medical and dental clinic, over 314,000 meals were served in the dining room in FY14, and 2,180 recreational activities were conducted for veterans living at the Home.

*"Massachusetts leads the nation in providing benefits and services to our veterans and their families"*

*- Secretary Nee, March 2013*

In 2011, the federal Department of Veterans Affairs (VA) contracted with DVS to launch the **Statewide Housing Advocacy for Reintegration and Prevention (SHARP)** team to help end veterans' homelessness. SHARP peer specialists take to the streets to seek out homeless veterans and assist them in accessing care and services, with the ultimate goal of permanent housing. They work seamlessly to provide comprehensive services to veterans in crisis

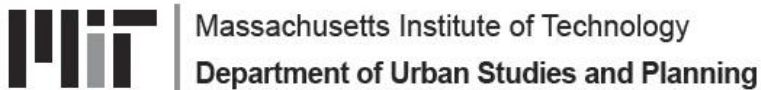
## EOHHS: Working to Improve Quality of Life for the People of Massachusetts

or at risk of homelessness. Veterans, who disproportionately experience homelessness, are more likely to be safe and stay out of the criminal justice system when they have reliable housing.

In 2008, DVS, in collaboration with the *Department of Public Health* (DPH), launched the **Statewide Advocacy for Veterans' Empowerment (SAVE)** team. While the primary mission of SAVE is suicide prevention among the veteran population, the team's approach is to assist veterans with access to services by eliminating real or perceived barriers to programs, benefits and services using a peer approach.

As time continues, the efforts of the SAVE team are producing increasingly better results and they are receiving statewide recognition for it. Because of their strong efforts, the SAVE team was awarded the 2014 Manuel Carballo Governor's Award for Excellence in Public Service. This award recognizes those in the public sector who have demonstrated outstanding leadership, innovation and creativity, and we are proud of the work that the team is putting in.

Since FY12, the success of the SAVE and SHARP teams has surged substantially. Combined, the two teams assisted 1802 veterans in FY14, an increase of 51% from FY12. The large gain can be attributed to the increased use of social media, including a new Facebook page, as a way to build awareness of the services provided by the two teams.



In 2013, EOHHS commissioned a study by MIT to examine the evolving needs of the veteran population. The study provided updated demographic data including age, location and health

status. This information helps the Soldiers' Homes tailor their services to today's veterans.

The largest percent of veterans in the Commonwealth are 55 or older, as they comprise 74% of the veteran population, with those from the Vietnam War making up the highest concentration. It is predicted that as time moves on, there will be a decline in the veteran population and along with it, the demand for current services. Health care requirements have changed as well, creating a need for a new model of care. In their current state, the Soldiers' Homes provide either Long-Term Care or dormitory-style living, but services that can be found in between those two, such as assisted living, have yet to be implemented. Newer models of health care prefer to keep people in their own homes, and the MIT Study recommends adopting this ideology.

The Study recommends increasing services to veterans outside of Hampden and Suffolk counties, the current locations of the two Homes. The largest population of veterans, about 45%, lives in the Middlesex, Worcester, and Essex counties, areas that do not have direct access to the services provided by the Soldiers' Homes. The bulk of the residents living in the Holyoke Home are from Hampden County, an area that comprises only 8% of the Commonwealth's veteran population 55 and older. It is clear that the need for veteran services can be expanded upon in order to properly provide them to the Commonwealth's veterans. In November, 2014, a land-swap deal was reached between the Department of Transportation and the University of Massachusetts Medical School which will result in the creation of a new VA facility in Worcester. This new development will allow the Commonwealth to expand the services provided to veterans in that area.

*"This land-swap makes possible a truly state of the art VA facility to provide the care our veterans deserve."*

*- Governor Patrick, November 2014*

## Increase Efforts to Support Veterans in the Criminal Justice System

All DVS outreach groups encounter veterans who are involved with the criminal justice system, whether in the courts or while they are incarcerated. Recently, the SAVE team has been involved with Mission Direct Vet, a jail diversion program run by the *Department of Mental Health* (DMH) and UMASS Medical, funded by a SAMHSA (Substance Abuse and Mental Health Services Administration) grant. The staff quickly recognized the value that DVS outreach could provide in terms of peer support to the veterans and advocacy in the court system.

Over the last 3 fiscal years, the number of veterans in the criminal justice system served by the SAVE team has seen a 117% increase, from 75 in FY12 to 163 in FY14. This increase can be attributed to the SAVE team partnering with DMH to expand peer outreach in the court system, as well as adding two veteran corps to the Commonwealth. Moving forward, it is expected that this figure will grow.

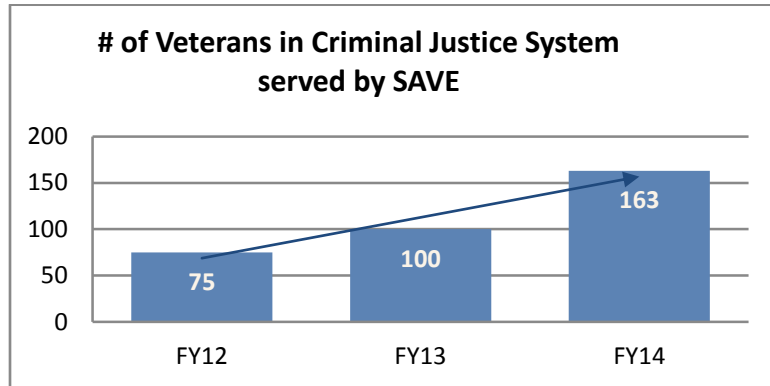


Figure 2: Number of veterans in the CJS served by SAVE has increased by 117% since FY12

Coordination between the VA health care system, Veteran Justice Outreach program, Mission Direct Vet Jail Diversion program, Home Base program, VA Vet Centers, community-based treatment facilities, veterans' housing providers, and Massachusetts soldiers' homes ensures that each veteran has access to a continuum of services to address their unique needs. By coordinating with agencies and organizations that offer mental health counseling as well as the *Massachusetts Coalition for Suicide Prevention* and the regional coalitions, DVS can link the veteran directly with a treatment program. If treatment versus incarceration is possible, EOHHS attempts to assist veterans and family with gaining access to the multitude of services available to them. EOHHS honors and supports our veterans by keeping them safe and ensuring that, rather than resorting to involvement in the criminal justice system, courts recognize the unique safety and security needs of veterans.

## Partner with local communities to implement targeted strategies to reduce youth violence

To support the Governor's focus on eliminating youth violence, EOHHS, DCF, DTA, DYS, ORI, DPH and the Executive Office of Public Safety and Security have delivered services to individuals, families and communities to promote positive youth development and public safety. With a specific focus on youth violence prevention, the Raise the Age legislation ensures proper rehabilitation of the Commonwealth's youth, and the Juvenile Detention Alternative Initiative (JDAI) and the Safe and Successful Youth Initiative (SSYI) have offered a holistic and innovative approach to services.

In September 2013, Governor Patrick signed the **Raise the Age** legislation that raises the Juvenile Court jurisdiction from 17 to 18 years of age. By doing so, 17-year-olds are no longer treated as adult criminal offenders and instead they are directed into a system that is focused on age-appropriate rehabilitation. The positive effects of this legislation are far reaching: most 17-year-olds will no longer establish adult Criminal Offender Record Information (CORI)

and they will be diverted away from adult jails and prisons. Long term, it is expected that there will be a reduction in the rate of recidivism and an increase in their academic and employment contributions to the Commonwealth.

Since the legislation was implemented, the *Department of Youth Services* (DYS) has started several new community-based programs for older youth which include independent living, assessment, detention, and residential treatment. In the year since it was written into law, the agency has seen a large influx of 17-year-olds in these programs, as 700 juveniles are no longer considered adults in the eyes of the court system.

The **Juvenile Detention Alternative Initiative (JDAI)** is a nationally recognized detention reduction framework based on the work of the Annie E. Casey Foundation. JDAI focuses on

the detention component of the juvenile justice system because when youth are unnecessarily or inappropriately detained, there is significant expense to the commonwealth, and long-lasting negative consequences for both public safety and youth development. JDAI promotes changes to policies, practices, and programs to reduce reliance on secure confinement, improve public safety, reduce racial disparities and bias, save taxpayers' dollars, and stimulate overall juvenile justice reforms.

A core strategy of JDAI is collaboration. This effort includes a partnership with: Probation, juvenile court judges, Defense, Prosecution, DCF, DMH, DPH (BSAS), EOHHS, EOPSS, public school officials, non-profit service providers, advocacy groups, police officials and others.



JDAI has continued to expand reform activities targeted at reducing the number of low-level youth held in secure detention. In addition to the six active County Committees, strategies on a statewide level are being piloted or implemented to improve outcomes for youth across the Commonwealth. The Data Committee has released quarterly Detention Dashboards that allow individuals and agencies the ability to track progress in reducing detention populations. For instance, the number of youth held on bail trended downward between 2009 and 2013 before seeing a spike in the quarters that followed. This can be attributed to the Raise the Age legislation going into effect.

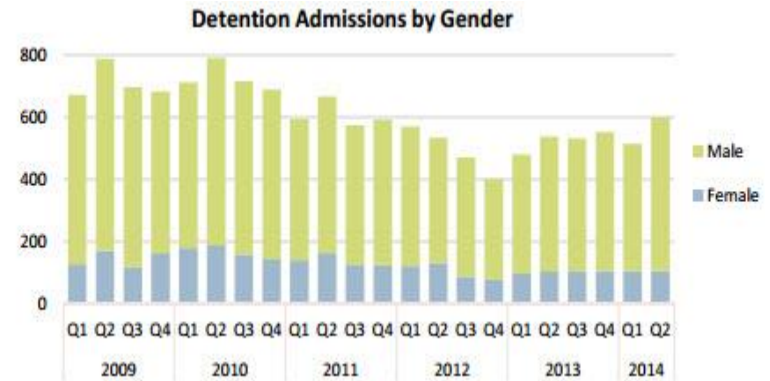


Figure 3: Number of detention admissions since 2009, sorted by gender. Source: MA JDAI dashboard, Q2 2014

DYS has expanded community-based options to youth with a bail status so that lower-level youth do not need to be placed into secure detention. Since FY12, the percent of youth on bail who made their court appearances after being placed in community-based options has remained stable at or near 100%. This data indicates that youth are benefiting from community placements and do not need to be situated in hardware secure (i.e. prison) facilities. The goal of JDAI is to provide a continuum of detention placements across the state, based upon youth's need for security and to

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prevent the dangers associated with unnecessary detention for young people.

In addition to reducing youth violence at the community level, an important aspect within the DYS is maintaining a high level of safety for both youth and staff members in DYS facilities. Since a peak number of youth-on-staff assaults in 2010, the number of incidents in the 3 years following has decreased by over 60%. This is attributed to the agency's participation in a national program platform called Performance Based standards (PBs) which focuses on quality of life and safety in secure residential facilities. As of April 2014, 12 out of 14 facilities involved in the initiative achieved the highest rating, and it creates an environment where youth can engage in skill development and gain insight into how to make better decisions.

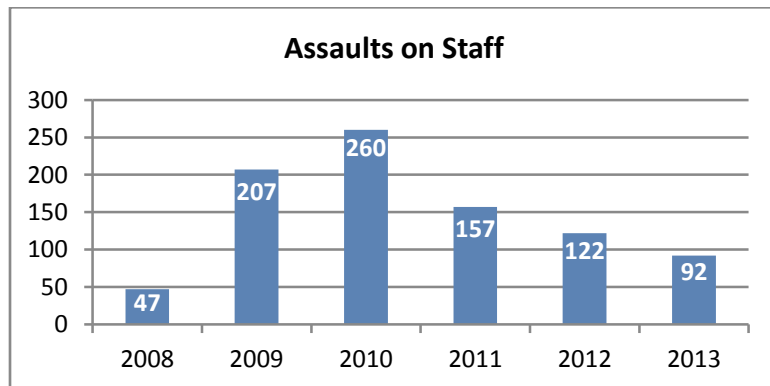


Figure 4: Number of client assaults on staff from calendar year 2008 to 2013. Assaults decreased 64% from 2010 to 2013.

The **Safe and Successful Youth Initiative (SSYI)** is designed to break the cycle of youth violence in key municipalities in the Commonwealth. Since its inception, the program has provided more than \$22 million in grants to the eleven identified communities: Boston, Lynn, Lowell, Worcester, Springfield, Lawrence, Brockton, Chelsea, Fall River, New Bedford and Holyoke. The Initiative

specifically targets young men between the ages of 14 and 24 identified as “proven-risk youth”: the most likely to kill or be killed. At the core of this initiative are the partnerships between state and local government, local law enforcement, and community stakeholders. The goal is to ensure that a full continuum of services - case management, intensive supervision, workforce development and employment support, educational opportunities and support, and behavioral health - are available and coordinated in each city and are reaching the identified population.

The successes seen in SSYI have tangible and potentially lasting impact on youth. As of FY14, 40% of SSYI youth were enrolled in an employment program which represents an increase from 87 (6%) since the start of the grant cycle in FY12. The SSYI team is proud of the significant boost in enrollment over the last 2 years. The 572 proven-risk young men are engaged in employment services, actively attempting to be productive, safe, and contribute to their financial success. The pride in having a job is just one way that young people can cultivate a feeling of hope and productivity.

Overall crime victimization in SSYI cities is down significantly since FY10 and has continued the downward trend since SSYI was initiated at the end of FY11. From FY10 to FY14, SSYI cities experienced a 32% drop in aggravated assaults victims age 14-24.

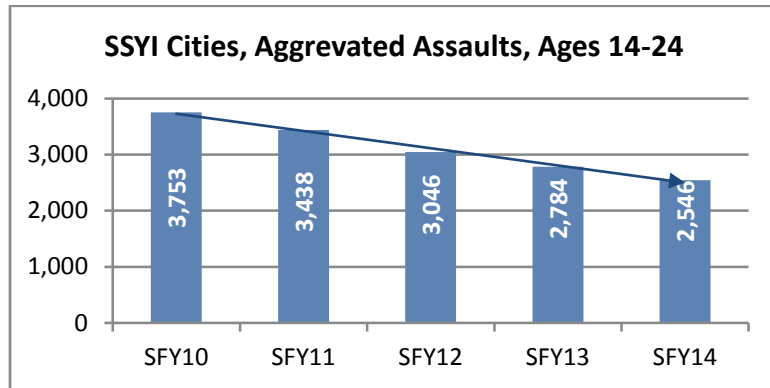


Figure 5: The number of aggravated assaults in the 11 SSYI cities has shown a 32% decline since FY10

The Administration continues to collaborate with local representatives including mayors, district attorneys, police, school officials and citizens from cities that experience persistently high rates of violent crime. Together, we are increasing coordination and collaboration between human services, education, and public safety agencies to build a sustainable and proactive solution to this systemic issue while saving taxpayer dollars. Moreover, SSYI acknowledges that many proven-risk youth experience a feeling of hopelessness, and has accordingly made behavioral health services a critical element of its program model. SSYI grantees are required to complete a behavioral health assessment for all youth in their programs and implement structured behavioral health services tailored to the needs of young people.

*"SSYI's proven track record of results is making our Commonwealth safer for generations to come. The program is not only improving the lives of the young people directly served, but it also reduces crime, and promotes safer and stronger communities"*

*-Secretary Polanowicz, February 2014*

## Self Sufficiency

Access to employment opportunities is vital to self-sufficiency, which is a core goal we hold for all of the individuals we support. Many agencies at EOHHS provide employment-related assistance to more than 25,000 people annually. We work closely with people with disabilities, refugees and immigrants, individuals with behavioral health needs, veterans, and people with low-incomes to obtain meaningful employment opportunities.

With person-centered supports and services, the individuals we assist contribute to their own financial stability and quality of life. In addition to creating meaningful, long-lasting employment opportunities, EOHHS' initiatives also strengthen the Commonwealth's diverse workforce.

Our strategic goals for this priority are to:

- Increase accessible and varied job development, job creation and support opportunities
- Promote skill development for youth with disabilities in preparation for a productive adult life
- Ensure the availability of physical and communication access for individuals with disabilities in the Commonwealth
- Ensure that access to all veterans' benefits and services is available throughout the Commonwealth
- Expand income and financial support opportunities for all elders in the Commonwealth including employment, benefits eligibility and personal planning opportunities

*"Work makes me excited and happy, especially when I do something new, for instance when learning new tasks. Getting a paycheck makes me feel proud that I have done a good job and I earned it myself."*

*-Adult with Intellectual Disabilities*

Key strategies to achieve these goals are to:

- Establish working relationships and partnerships with employers in order to increase opportunities for employment for people with disabilities
- Expand vocational rehabilitation programs in order to increase the number of individuals able to obtain, retain and/or advance in competitive employment
- Support the employment experience of people with disabilities by expanding access to internship opportunities with employer-partners
- Support the implementation of services and peer mentoring for youth with disabilities that promote independent living skill development
- Support a path to citizenship for immigrants and refugees through training, education and job placements
- Maximize relationships with key partners and veterans' advocates to coordinate resources and promote services across a wide-spectrum of the total population
- Increase information sharing about potential financial benefits for low income elders available through federal programs such as food assistance (SNAP) and fuel assistance (LIHEAP)
- Continue to share "Embrace your Future" information to people throughout the Commonwealth to improve understanding of their long-term care planning options

### Increase accessible and varied job development, job creation and support opportunities

In November 2013, the Department of Developmental Services (DDS) released the *Blueprint for Success: Employing Individuals with Intellectual Disabilities in Massachusetts*. The foundation of this employment initiative emphasizes the importance of and benefits received by all when individuals with disabilities work in the community. DDS committed to funding an 18 month capacity building initiative beginning in November, 2013 to expand existing strengths of its provider agencies. To achieve integrated employment, the Blueprint's architects constructed a plan to **close sheltered workshops** by June 30, 2015. Contingent on additional funding, participants in sheltered workshops would transition to individual or group employment and/or Community-Based Day Services (CBDS) once sheltered workshops closed. It is expected that approximately 890 individuals (about one-third of those attending sheltered workshops as of June 30, 2014) will benefit from new funding resources to transition to individual or group supported employment and/or CBDS during fiscal year 2015.

DDS had previously issued an **Employment First Policy** that established integrated, individual employment as a preferred service option and optimal outcome for working age adults with intellectual disability. In FY14, an electronic newsletter and website were developed to provide information, resources and positive stories that support integrated employment and implementation of the Blueprint. *Employment First* is in alignment with Governor Patrick's commitment to expand work opportunities for individuals with disabilities through his administration's Community First policies and Massachusetts as a Model Employer Initiative.

Massachusetts Rehabilitation Commission (MRC) operates the **Vocational Rehabilitation** program, a state/federal program that aims to assist individuals with disabilities to choose, obtain, and maintain competitive employment. In FY14, 22,609 individuals with

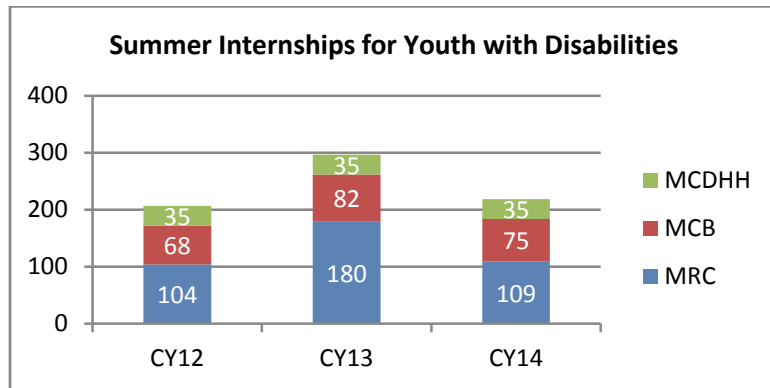
physical, psychiatric and/or learning disabilities were assisted in facing the challenges of the modern workplace. This may include identifying job goals based on individual interests and aptitudes, providing funds for college and vocational training, assessing worksite accommodations, educating an employer about the Americans With Disabilities Act, or assisting an individual returning to work after adjusting to a new disabling condition. This process often occurs over a three to four year time period, with the goal of obtaining and maintaining competitive employment.

Not only is it important that individuals obtain competitive employment in an integrated setting, but that employment must be sustained over time in order to have maximum impact. In the past few years, we have seen a steady increase in successful employment outcomes for consumers. MRC implemented an employer account management system to increase employment outcomes for consumers in high-growth industries and we are focusing providers on job placement in high growth jobs across Massachusetts with the **Competitive Integrated Employment Services** employment program. In FY14, 73.3% of individuals with disabilities maintained employment for at least 90 days. This represents a 17% increase over the past two years.

The **Refugee Employment Service** program at the Office for Immigrants and Refugees (ORI) assists employable refugees to obtain a first job as early as possible after arrival in the U.S. and, once employed, to move from a first job to higher level jobs that will bring the refugee family closer to economic self-sufficiency. Refugees are eligible to receive Refugee Employment Services for up to 60 months after arrival in the U.S., or until they reach 450% of the Federal Poverty Level (whichever is reached first). In any given month, more than 900 individuals are enrolled in pre- and post-employment programs. For the past two years, 80% of enrollees in the various Refugee Employment Service programs have obtained their first job within a year of arrival.

## Promote skill development for youth with disabilities

Internship programs through three of our agencies, MRC, Massachusetts Commission for the Blind (MCB) and Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH), assist youth in gaining real world experience in preparation for a successful entry into the job market. In CY14, 219 youth were engaged in summer internships at these agencies. This was a slight decrease from CY13 due to the conclusion of the Transition Works federal grant program.



**Figure 6: Internships for youth with disabilities create meaningful opportunities for career development. Special funding in CY13 allowed for a greater number of internships at MRC.**

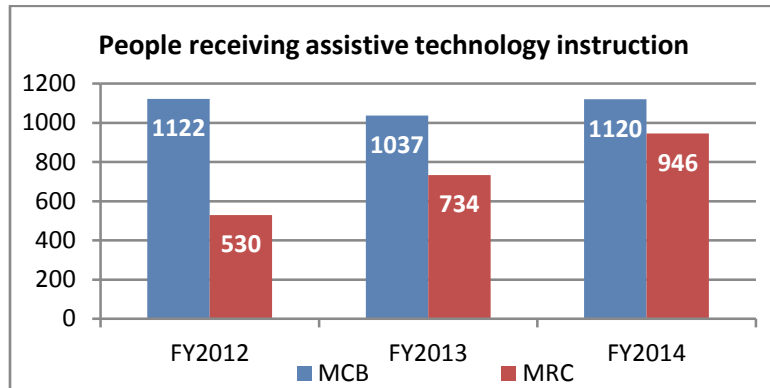
In addition to youth internships, MCB was awarded a \$50,000 grant in 2014 through the Rehabilitation Technical Assistance Center on Vocational Rehabilitation Program Management to expand the program across the state. The **MCB Mentoring Program** places a strategic focus upon retaining and encouraging a younger generation of consumers to maximize career exploration, independent living and to achieve job satisfaction through mentoring by peers who have received services from MCB. The program also aims to promote a dedication to public service

throughout the Commonwealth by asking participants to give back to the MCB community through mentoring.

At MRC, the number of **youth involved in Vocational Rehabilitation services** increased by almost 30% from FY13 to FY14. Serving youth is an important focus for MRC and has led to the implementation of several vocational internship programs in collaboration with partners including the Independent Living Centers. These internships are critical in developing employment skills and experience leading to successful placement into competitive employment opportunities.

## Ensure physical and communication access for individuals with disabilities

The MRC Community Living Division is comprised of a variety of programs, supports and services that address the diverse needs of adults and transition age youth with disabilities to fulfill their desire/need for community integration, to gain maximum control of their destiny, and to participate fully in their community. During FY2014 the number of people receiving assistive technology services to assist with life and work in the community increased 29% to 946. Increase in consumer demand for assistive technology services came as a result of more effective information and referral efforts such as presentations to stakeholders at training conferences.



**Figure 7: A large number of people are receiving assistive technology instruction at MCB and MRC**

During FY 2014, MCB either directly or through its non-profit agencies provided a total of 2,317 people who are legally blind with assistive technology and/or orientation and mobility instruction to assist them to live and work independently in the community. The number of people receiving orientation and mobility instruction specifically increased 28% over FY13 rivaling FY12 numbers. Orientation and mobility services are provided on an individual basis by qualified instructors to enable consumers to navigate around their homes and to travel safely in the community to the extent that they desire to travel and have the physical capacity to do so. While the number of consumers who have completed instruction from orientation and mobility specialists varies considerably during the year, there was a noteworthy increase in need for this service this past year.

MCDHH is responsible for overseeing the **Statewide Interpreter and CART (Communication Access Realtime Translation) Referral Service**, which provides referral services for sign language, spoken English, oral, tactile and close vision interpreting for Deaf and Deaf - Blind individuals, as well as making referrals to freelance CART providers for CART provision on behalf of hard of hearing and/or late deafened individuals in a wide variety of settings such as

medical, legal, mental health, employment, education and recreational situations. Although there are fulltime staff interpreters employed by MCDHH, some requests are filled by freelance interpreters. All CART requests are filled by freelance CART providers.

In FY14, 80% of the CART requests were fulfilled, down 9% from last year. While this fill-rate is less than ideal, it is unclear if the reduction is due to a change in tracking. A new referral system was introduced in FY14 and as a result, a year-to-year comparison may not be completely accurate. Anecdotally, we know that CART providers are being requested more frequently, such as for college courses, and CART provider availability is limited. The Commission is committed to ensuring communication access and provided 95 trainings in various community settings to educate providers about the unique needs of the deaf and hard of hearing.

### **Ensure that veterans' services promote self-sufficiency**

Our comprehensive state benefits for veterans include health care at the two Soldiers' Homes (Chelsea and Holyoke), a veterans' assistance center at the Soldiers' Home in Holyoke and legislatively designated Veterans' Service Officers (VSO) in every city or town. VSOs find veterans and their family members, advise them of their rights and benefits and assist them in navigating and obtaining the many benefits and services for which they are eligible. The goal of the Department of Veterans' Services (DVS) is that all cities and towns be serviced by a VSO or form a district that meets the requirements of properly administering the uniform program of financial and medical assistance for veterans and their dependents. Currently there is a 98% compliance rate, with most cities and towns being serviced by a VSO.

Because most of the recently returned veteran population uses social media and the web to access information about benefits,

programs and services, DVS launched a new web portal in collaboration with the Mass Broadband Institute and the MGH / Red Sox Home Base Program in the first quarter of FY12. Named after the popular TripAdvisor to help establish a brand, the intent of the **MassVetsAdvisor** portal is to assist veterans and families in finding the benefits they qualify for using the latest technology. The portal has been highly publicized and has had over 46,000 hits annually for the past two years.

It is important that, in order for veterans and their families to access the services and benefits that they are entitled to, outreach is consistent and even expanded upon. DVS measures the type of outreach units, both direct and indirect, to ensure a constant flow of communication to this population. Types of indirect outreach efforts include phone calls and flyers, while direct forms of contact include meetings, site visits and follow-up phone calls. In FY14, DVS invested in additional staffing and resources to assist on both direct and indirect outreach services. We have been able to grow our outreach efforts by 33% annually in each of the past two years.

Lastly, to address the unemployment rate for younger veterans, DVS is partnering with the Labor and Workforce Development Division of Career Services and the Greater Boston Chamber of Commerce to initiate the **Boots to Business Veterans Mentorship Program**. This program connects veterans of all ages looking for employment with a mentor who can share insight into how to get and keep a job in the civilian world. The collaboration has been successful in connecting veterans who can act as coach, catalyst or facilitator for another veteran who is trying secure employment in the civilian workforce.

## Expand income and financial support opportunities for elders

The Executive Office of Elder Affairs promotes financial security by providing information to elders, their families and caregivers as well as enrollment assistance to adults 60+ who are eligible for public benefits. Two flagship programs that provide this information are Options Counseling and SHINE.

**Options counseling** is an initiative supported by the passage of the Equal Choice legislation, enacted through MGL Chapter 211 of the Acts of 2006. Options Counseling is made available statewide, through 11 regional Aging and Disability Resource Consortia (ADRC), comprised of agencies from both the elder network (Aging Service Access Points) and the disability network (Independent Living Centers) and other community-based partners working in concert to ensure efficient access to long-term services and supports for consumers regardless of age, income or disability. Options Counseling, provided at no cost to the consumer, is available by telephone, in-person or email. Moreover, option counseling services are provided in the consumer's home, at an agency, a hospital, rehabilitation setting or nursing facility. In FY14, the Options Counseling program served 4,929 consumers, up 18.1% over last year. The results of a consumer satisfaction survey revealed that 92% reported they were able to make better informed decisions about their long-term support options.

The **SHINE Program** (Serving the Health Insurance Needs of Everyone) is a state health insurance assistance program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers. Last year, SHINE counselors helped 64,000 elders and individuals with disabilities in understanding their Medicare and MassHealth benefits and other health insurance options resulting in savings of nearly \$80,000,000.

## Community First

*"Today, we're helping people with disabilities earn a living in the workforce with dignity and to live independently, because "Community First" is a reality, not a slogan. And families whose children need it have the most comprehensive autism coverage in the nation."*

*– Governor Patrick, State of the Commonwealth, 2014*

*Community First* represents the Commonwealth's commitment to empower and support elders and individuals with disabilities to live with dignity and independence in the community. There are several reasons for putting community first. Most importantly, individuals with long-term functional needs, or their guardians or families, most often prefer to remain in the community and direct their own services rather than receive care or services in a nursing facility or other institutional setting. In addition, in many instances, home and community-based supports and services can be provided more cost-effectively than services in a nursing facility or institution.

The Commonwealth's dedication to community-based supports is embodied in the *Community First* Olmstead Plan, a strategy and action plan for ensuring that people with disabilities and elders, who collectively make up more than 20 percent of the Massachusetts population, have access to community-living opportunities that address each individual's diverse needs, abilities and backgrounds. EOHHS agencies collaborate to support the *Community First* policy agenda and the Olmstead Plan by expanding, strengthening and re-aligning existing resources and integrating community-based long-term supports.

Our strategic goals for this priority are to:

- Provide innovative person-centered services focused on consumer choice and self-determination
- Expand access to home- and community-based long-term supports while also improving the capacity and quality of supports
- Improve the capacity, quality and availability of community-based long-term services and supports
- Increase the supports available to informal caregivers such as respite and supportive services in order to encourage continuation of informal care giving

Key initiatives to achieve these goals are to:

- Promote an organizational culture and service delivery model that promotes self-determination and encourages more voice and choice for consumers in service planning
- Expand and enhance family and individual support services
- Expand and improve training of the long-term services and supports workforce
- Establish an intersection of chronic disease self-management program and medical/health care practices
- Develop an array of community and residential housing options that include long-term services and supports for individuals in nursing and/or state facilities seeking to move back to the community from those institutional settings
- Implement Home & Community Based Waivers and the Balancing Incentive Program (BIP)
- Develop and implement a comprehensive quality management strategy consistent with the state's transformation of its long-term services and supports system and the Olmstead Vision & Mission Statement

### Provide innovative, person-centered services

With person-centered supports and services, individuals contribute to their own stability and quality of life. Through individualized case management and support programs, residents leverage the services offered to meet their own individual functional needs.

Individualized service planning is a core element of our service delivery at several of our agencies. DDS, EOE, MRC, MCB and MCDHH all provide case management to address the specific needs of their respective populations. Overall, these five agencies provided close to 75,000 individuals with case management to support their improved quality of life.

For example, at MCB, we offer appropriate services to each person newly registered as legally blind as well as to those who later develop additional problems related to adjustment to blindness. During FY14, 5,333 adults and children received independent living social services under an individualized service plan. Examples of services provided based on individual need include: rehabilitation teaching, respite care, vision utilization and after-school programs. Each individual's plan of services may span several years, depending on the needs and circumstances of the consumer. Of those served, 715 (13%) were children younger than age 14. In our annual consumer satisfaction survey, 96% of respondents reported satisfaction with their overall experience receiving services.

Under the Patrick Administration, the autism waiver program for DDS was developed to serve children with autism within their homes. The **Massachusetts Autism Waiver Program** is distinguished from many other national programs in that – among other notable features – the Waiver provides expanded home support and education services (one-to-one behavioral- social- and communication-based interventions) and related support services such as integrated community activities and respite. The Waiver also allows for the addition of Occupational, Speech and Physical

Therapy services outside of what is offered through the Medicaid State Plan. Finally, the DDS Autism Waiver Program is unique in that it is a self-directed support program, meaning that families play a significant role in hiring staff and identifying the services and supports they wish to have in place for their child. There are no other completely self-directed Autism Waiver Programs for children in the nation.

The Department of Developmental Services' eligibility was recently amended by the **2014 Autism Omnibus Bill** to broaden the scope of persons DDS may serve. DDS will continue to serve individuals with an Intellectual Disability consistent with the existing DDS IQ standards. DDS will now also offer supports to individuals with a developmental disability attributable to mental/physical impairments resulting from autism, Prader-Willi Syndrome (PWS) and Smith-Magenis Syndrome (SMS) that result in substantial functional limitations in 3 or more of 7 areas of major life activity delineated in the statute. Eligibility for DDS supports on the basis of autism, SMS and PWS will not be dependent on the analysis of the IQ criteria.

### Expand access to home and community-based long-term supports while also improving the capacity and quality of supports

The Commonwealth's Community First goals have been supported through MassHealth's expansion of Home and Community Based Services (HCBS) waivers. MassHealth now operates ten (10) HCBS waivers affording increased opportunities for members to access community-based long-term services and supports. The expanded availability of HCBS waivers, which support individuals who transition into the community or help members maintain their community living situations, is critical to the success of our Community First goals. EOHHS agencies, including DDS, MRC and EOE, serve as waiver operating agencies, implementing the waiver programs to ensure quality services to waiver participants.

EOHHS Operating Agency	Waiver Name
DDS	Adult Supports (intellectually disabled)
DDS	Community Living (intellectually disabled)
DDS	Intensive Supports (intellectually disabled)
DDS	MFP Residential Supports
DDS	ABI-Residential Habilitation
DDS	Children's Autism Spectrum Disorder
EOEA	Frail Elder
MRC	MFP Community Living
MRC	ABI-Non Residential
MRC	Traumatic Brain Injury

Two specific examples of HCBS waiver programs are the **Money Follows the Person (MFP)** waivers and **Acquired Brain Injury (ABI)** waivers. All waiver participants receive case management, and these four HCBS waivers offer individualized service provision and flexibility that, as in other waivers, support people receiving services in their communities as opposed to institutional settings.

As mentioned previously in this report, the **Money Follows the Person Demonstration** promotes community living, supporting individuals to transition from facility-based care to the community to receive person-centered services. The MFP Demonstration can be a gateway for interested and eligible members to access any of a number of HCBS waivers, including the new MFP waivers, the ABI waivers, the Frail Elder waiver, or others. To differentiate, the MFP Demonstration is a CMS-funded grant opportunity which requires provision of case management and certain services to eligible MassHealth members for a one-year period following their transition out of a facility. Unlike the MFP Demonstration, HCBS waivers can support waiver participants in the community for the longer term, in fact, for as long as they continue to have a need for waiver services and remain MassHealth eligible.

The two MFP waivers, in particular, provide for participants to self-direct certain services, with options to choose who provides their services, set their own schedules for service and decide what tasks are performed. The MFP Residential Supports waiver provides services such as residential group homes, and Family Training for individuals who need supervision and staffing 24/7. The MFP Community Living waiver provides services to support individuals living in their own homes, including Personal Care, Day Services, Homemaking and Transportation. Case managers assist eligible participants in developing an Individual Service Plan that offers the services and supports that one would need to live in the community of their choice. This calendar year (2014), almost 400 people have been transitioned from institutional to community based settings through the MFP Demonstration initiative, 77 of whom are being served through the MFP waivers.

MRC provides a comprehensive set of services through the **Statewide Head Injury Program (SHIP)**. SHIP has a network of community-based services and supports that assists individuals in maintaining or increasing their level of independence at home, work and in their communities. These supports include service coordination, regional service centers, community residential support services, recreation programs and substance abuse treatment. For Medicaid-eligible individuals with **Acquired Brain Injury (ABI)**, waivers are available to help them move into the community, to either a residential group home setting, through the ABI Waiver with Residential Habilitation, or to the individual's own home with assistance with personal care, homemaking, day services and therapies through the ABI Waiver with No Residential Habilitation. In 2014, the MFP Demonstration has assisted 392 individuals to transition out of facilities, 235 of which are being served through one of the HCBS waivers.

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In addition to the numerous waivers currently in operation to facilitate the transition of individuals into the Community, the **Community Services Expansion and Facility Consolidation Plan** of 2009 provided for the closure of four DDS facilities (Glavin, Monson, Fernald and Templeton) and the expansion of the community system to create community options for the 476 people living in developmental centers as well as the assurance of a continuing Intermediate Care Facility for the Intellectually Disabled option for Ricci class members at our Hogan and Wrentham sites. The closures of Monson (2012), Glavin (2013) and Fernald (2014), leaves the Templeton facility to close by the end of the year. The completion of the four facility closures brought major savings to the Commonwealth and provided the opportunity of people living in developmental centers to transition to the community.

### Improve the capacity, quality and availability of community-based long-term care service and supports (LTSS)

EOHHS agencies collaborate to secure additional capacity in community based LTSS by expanding, strengthening and integrating systems of community-based long-term supports that are person-centered, high in quality and provide optimal choice.

The Balancing Incentive Program (BIP) is a new program under ACA that provides states with enhanced funding to improve the infrastructure for and enhance services within the home and community-based long-term services and support system. Through participation in BIP, Massachusetts is capitalizing on its significant investment in home and community-based LTSS for those individuals with long-term functional support needs – all ages, populations and income levels including those individuals with physical disabilities, intellectual disabilities, and/or behavioral health needs. With an estimated additional \$110M in federal funds, Massachusetts is implementing three structural changes:

1. Make structural improvements including a No Wrong Door (NWD) System of access;
2. Ensure that all LTSS Assessment Instruments include core data elements; and
3. All LTSS care management provided in the Commonwealth is person-centered and “conflict free.”

The implementation of these structural changes augment other ongoing ACA and state level initiatives aimed at transforming its LTSS system to better support individuals living in the community including but not limited to the Aging and Disability Resource Consortia (ADRC) network development, Senior Care Options (SCO), the Program for All-Inclusive Care for the Elderly (PACE), and One Care.

In FY14, the Executive Office of Elder Affairs met consumer enrollment goals in the MassHealth/Medicare two coordinated care programs that serve elders: **Senior Care Organizations** (SCO) and **Program for All-Inclusive Care of Elders** (PACE). Both manage medical and community-based long-term services and supports. MassHealth collaborated with Senior Care Organizations to increase enrollment of dually eligible MassHealth/Medicare beneficiaries (age 65+) into SCO plans. SCO enrollment grew to 33,406, a 19% increase over last fiscal year.

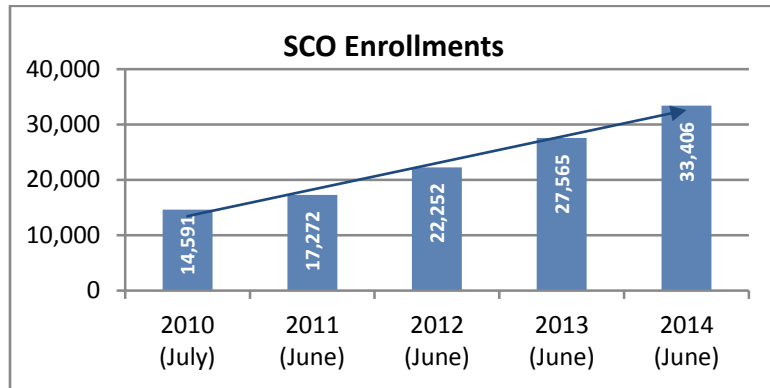


Figure 8: SCO enrollments are up 129% since 2010. Data is based on enrollments at the end of each fiscal year.

PACE serves consumers who wish to remain living in the community of their choice despite their being clinically eligible for a nursing facility level of care. Through an interdisciplinary team of clinicians in an expanded adult day health model, members receive a complete range of health-care services by one designated community-based program with all medical and social services. In FY14, PACE increased enrollment by 7% over last fiscal year.

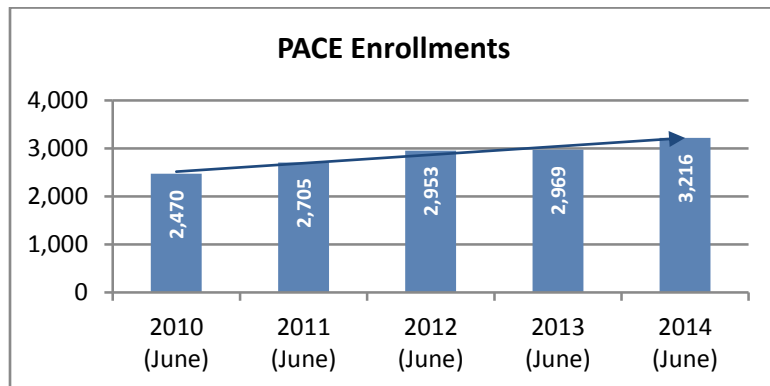


Figure 9: PACE enrollments are up 30% since 2010. Data is based on enrollments at the end of each fiscal year.

The Executive Office of Elder Affairs manages in-home community supports primarily through three programs: **Home Care Basic**, **Enhanced Community Options Program (ECOP)** and the **Frail Elder Waiver**. These programs support over 40,000 individuals living in the community setting of their choice. Of these 40,000 individuals, over 24,000 age 60+ are clinically eligible for nursing facility level of care but choose to live independently in the community with the help of home- and community-based services. Because of an increase in funding in FY14, the waiting lists for Home Care Basic and the ECOP were eliminated thus resulting in a 29% increase in enrollment over last year. Additionally, the Frail Elder Waiver (FEW) increased enrollment by 1.9%. In total, ECOP and Frail Elder Waiver served 24,038 consumers in FY14. These vital long-term services and supports provide high-quality in-home services to consumers who qualify for nursing facility care at less cost to the Commonwealth.

### Increase the supports available to informal caregivers

The **Massachusetts Family Caregiver Support Program (FCSP)** empowers elders and caregivers by providing information, education, support and services that enhance quality of life. Through the provision of assistance and support, the program aims to ease the strain and reduce the challenges of caregiving.

Examples of supports available include:

- Information about caregiving, available services, community resources and local programs
- One-on-one assistance to assess needs, identify options and gain access to community-based services
- Training, support and counseling such as organizing caregiver support groups and training to assist caregivers in making decisions, solving problems and managing stress
- Temporary relief services through in-home respite care, adult day care or emergency respite; and

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- Supplemental services, on a limited basis, to complement the care provided by caregivers.

Through the FCSP, 265 caregivers participated in the evidence-based program “Powerful Tools for Caregivers,” now available to family caregivers across the Commonwealth. This curriculum provides tools and strategies to better handle the unique challenges faced by caregivers. In FY14, 3,137 consumers and their caregivers received respite care services through state and federal programs,

an increase of 9% over last fiscal year. In addition, Home Care basic, Enhanced Community Options Program (ECOP) and Community Choices program also provided respite care services to caregivers.

## Ensuring Children are Ready to Learn

All children require a healthy platform that will enable them to attend school and succeed. Children who live in poverty often have a unique set of significant needs that may include mental and physical health issues, housing instability and family violence – all of which impede their abilities to take full advantage of the learning opportunities available to them at school.

The challenges our families face are complex, and the Commonwealth is committed to working collaboratively across state agencies to approach school-readiness in a holistic manner. In order to be responsive to the diverse needs of children, it is important to ensure that family support needs are met.

Our strategic goals for this priority are to:

- Improve student attendance
- Meet families' support needs
- Address students' non-academic needs (e.g. behavioral, mental and physical health)

Key initiatives to achieve these goals are to:

- Mobilize local state agency programming in support of district attendance goals
- Increase communication and coordination between school districts and agencies to better align attendance goals and policies
- Deploy state liaisons to underperforming school districts
- Align with implementation of Children Requiring Assistance (CRA) reform {formerly known as Children in Need of Services (CHINS)}
- Establish local family access centers and connect students and families to centers

This year, Massachusetts ranked first in the nation for overall childhood well-being in the Annie E. Casey Foundation *Kids Count Data Book*, an annual publication that assesses child well-being nationally and across the 50 states, as well as the District of Columbia and Puerto Rico. Using an index of 16 indicators, the 2014 report ranks states on overall child well-being and in four domains: (1) economic well-being, (2) education, (3) health, and (4) family and community. Specifically, Massachusetts ranked first on education indicators, all of which showed improvement over previous years.

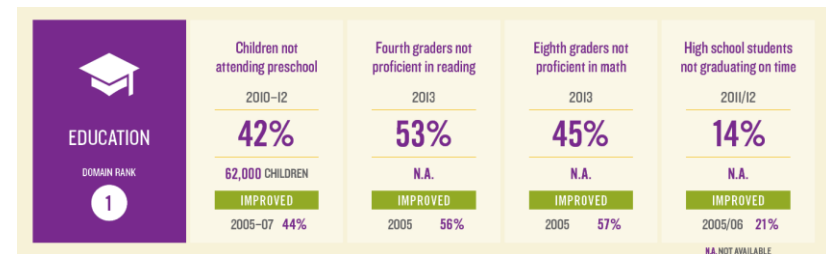


Figure 10: Findings from the 2014 Annie E. Casey Foundation's *Kids Count Data Book*

To support childrens' educational endeavors, the Secretary of HHS serves as the co-chair of the **Children and Youth Readiness Cabinet**, coordinating across Secretariats to foster successful outcomes for students. EOHHS has funded school liaisons in each of the Family Resource Centers who are building relationships, capacity and better linkages between schools and state agencies and community-based partners. Liaisons are also sharing information across agencies, problem solving and sharing plans for capacity building at the district and school level. The Liaisons are working with the school district leadership – and the lowest performing schools – to support their ongoing efforts to mitigate the effects of poverty so

that children arrive to school healthy and ready to learn. In each district, this work looks somewhat different.

The Secretaries of HHS, Education and Public Safety tri-chaired the **School Safety and Security Task Force**, which this year released 29 recommendations to enhance physical and emotional safety at schools. At the core of these recommendations is the federally recognized Emergency Management Cycle of prevent, prepare, respond and recover. This framework, mandated by the federal government and used most often by emergency responders, is used to plan for all aspects of emergency management. Careful planning is the best way to ensure schools are safe places to learn.

*“No child will be able to succeed academically if they don’t first feel safe in school. No teacher will be able to teach at their best if they aren’t confident there’s a plan in place to ensure their school is well prepared for an emergency.”*

– Governor Patrick, January, 2014

## Improve Student Attendance

The Department of Children and Families (DCF) and Department of Elementary and Secondary Education (DESE) have committed to working together at the state and local levels to ensure that students in foster care have access to the stable and high-quality educational experiences they need to support their school and life success. By specifically focusing on **improving the educational stability** of kids in our care, this collaboration aims to improve student attendance and long-term academic outcomes. Changing schools can be incredibly disruptive – especially for students coming into DCF care and custody. Research shows that school transitions significantly interfere with learning and that even a single change can delay educational progress for up to 6 months. This is why DCF focuses on keeping children in their community and school whenever possible. In addition, nearly 75% of children and youth

who enter DCF Foster Care will be reunited with their families within 12 months, with the median time to reunification about 6 months, according to DCF data. Maintaining community and school connections also helps support more timely and successful reunifications for families.

EOHHS believes that no matter where children are living, they should have access to quality education. DYS is committed to providing educational opportunities to youth in state custody and ensuring that they can attend school just like they would in their home school districts. In FY14, a greater proportion of DYS youth received their HS diploma or GED.

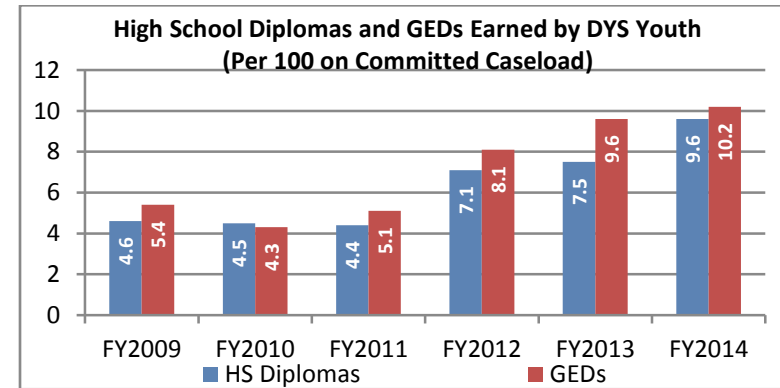


Figure 11: Proportion of DYS youth receiving HS Diplomas and GEDs per 100 on committed caseload

This academic success is due in part to the fact that while DYS youth are living in a DYS program, they attend school for five and a half hours every day, just like students in public day schools, and the curriculum is in line with the Department of Elementary and Secondary Education guidelines. DYS promotes success through a set of strategies that includes hiring highly qualified teachers, providing comprehensive professional development, delivering engaging instructional material using relevant curriculum connected to the MA Curriculum Frameworks and creating opportunities for

youth to develop 21st century skills. When these students attend school while they are in state custody, EOHHS works to ensure that they are ready and able to be successful.

### Meet Families' Support Needs

Two specific initiatives have been put in place to address this goal: **Mass211** and **Family Resource Centers (FRCs)**.



**Mass 211** is a new information and referral resource for children and their families requiring assistance that allows callers access to resources 24/7. Working with a broad range of community and state agencies, referrals to existing health and human service providers are available in multiple

languages and at no cost to the caller. Over 11,000 prevention calls have been received in the first year since launch, each was provided with a referral to community-based support services.

FRCs are community-based, culturally competent programs that provide evidence-based parent education groups, information and referral, mentoring, and other opportunities for children and families. FRCs also provide services specific to “Children Requiring Assistance” (CRA- formerly CHINS- Children in Need of Services) who are having serious problems at home and at school, including runaways, truants, and sexually exploited children, as defined by Chapter 240 of the Acts of 2012, or the reformed CHINS laws. Subject to appropriation, EOHHS is required to establish a “pilot” program for CRA and their families that includes at least one FRC in each county of the Commonwealth by November 2014. There are currently 11 FRCs in six counties operated by the Department of Children and Families (DCF). Since these reforms, 7,000 children and their families have received assistance.

The tragic events at the DCF this past year resulted in a comprehensive list of recommendations from the Child Welfare League of America. DCF has been implementing these recommendations over the course of the past several months. Using supplemental funds, along with an investment of more than \$9 million in the FY15 budget, DCF has been aggressively recruiting and hiring. Since January, more than 300 new social workers and staff have been brought on to help ease caseloads and strengthen the Department. We have already seen these investments translate into reduced caseloads for workers.

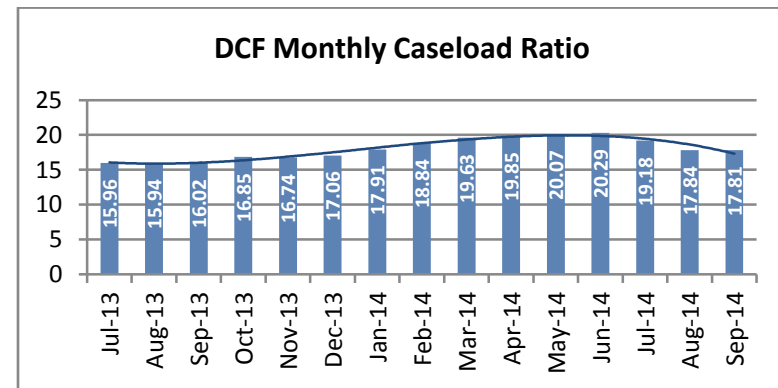


Figure 12: Monthly caseload ratio is a calculation of weighted caseload divided by full-time equivalent staff each month.

In addition to increased staffing levels, the implementation of iPad technology for case workers has helped improve real-time communication for workers in the field. Almost 2,000 iPads have officially been deployed out into the field. A new visitation dashboard for social workers, supervisors and managers is now available to provide information “at a glance” for workers about the status of home visits to the children and families in their caseload. The visitation dashboard tool will also help supervisors and managers provide oversight and compliance with visit requirements. These resource enhancements, along with improved policies related to case transfers and closures and enhanced

supervision models and training programs are making a real difference in the ability of the Department to meet families' support needs.

### Address students' non-academic needs (e.g. behavioral, mental and physical health)

EOHHS is charged with ensuring that children are ready to learn by meeting their non-academic needs. This means, for example, that their behavioral health needs are met, making sure there is food on their plates, and/or that their cultural needs are addressed in school. Several EOHHS agencies are involved in supporting families so that children can be ready to learn when they get to school.

Through the **Children's Behavioral Health Initiative (CBHI)**, all children on MassHealth are eligible for a comprehensive developmental screening during a pediatric well-child visit. CBHI also supports comprehensive, community-based behavioral health services for children determined to be suffering from severe emotional disturbance. Over the course of a child's development, the primary care clinicians who treat MassHealth members under the age of 21 must perform standardized developmental health screens during "well-child" visits. In FY14, 71% of children under 21 have had screenings during their well visit. This number has been increasing over the past five years and we have exceeded our target of 70% in the last two years.

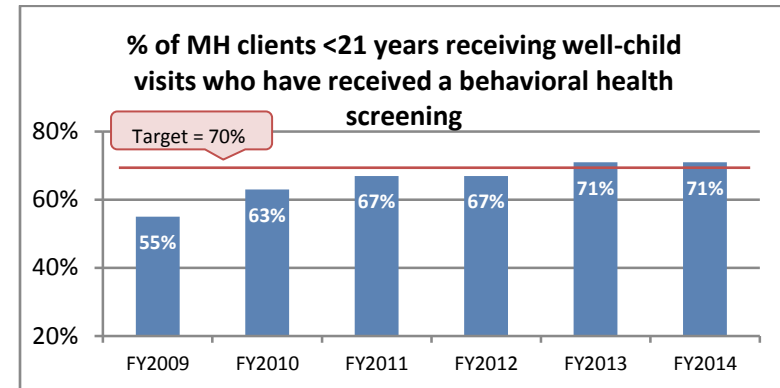


Figure 13: Behavioral health screenings are increasingly part of well-child visits for children receiving MassHealth

**Supplemental Nutrition Assistance Program (SNAP)** - formerly the Food Stamps Program - provides a safety net for families who need assistance to make ends meet. SNAP benefits are provided by the federal government and administered by the Department of Transitional Assistance (DTA). Residents of the Commonwealth who participate in SNAP are families with children, elders and disabled adults. Many of the families who receive SNAP benefits are the working poor with limited income or those with a temporarily unemployed adult. Participation in the program has increased dramatically over the past 5 years and DTA continues to develop new initiatives to improve participation by increasing awareness and eliminating barriers to participation. In FY12, 90% of SNAP eligible households were in receipt of benefits, up 38% since the beginning of the Patrick administration.

For families with children who have limited access to a nutritious breakfast, SNAP prepares their children for academic success by providing funds for foods like cereal, fruits and milk. Similarly, children can focus on learning when they are supported by a stable, caring environment and their mental and physical health needs are being met.

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Implementation of **Welfare Reform** for Transitional Assistance for Needy Families (TANF) has also afforded parents with greater opportunity to transition from benefits to employment. The Department will assess a client's readiness for employment, and then work cooperatively with job placement partners to help the client meet job search requirements and to develop appropriate career development goals. Additional reforms have ensured that funds are provided to those who can demonstrate an on-going need for assistance.

The Office for Refugees and Immigrants (ORI) recognizes that in order to address the unique needs of refugee students, districts need resources to create culturally-competent, student and family focused services. The Refugee School Impact grants in Massachusetts promote full integration through English Language Learning (ELL) support. The Unaccompanied Refugee Minors Program (URMP) places children with pre-screened foster families. These foster families are charged with ensuring that the young refugee minor has all non-academic needs met, and that they are enrolled in school. Over 900 refugee children participate in these programs each year.

In December 2011, Massachusetts (EEC) was one of nine states awarded Race to the Top-Early Learning Challenge grants (RTTP-

ELC), creating plans that increase access to high-quality educational programming for children from low-income families, and providing more children from birth to age 5 with a strong foundation needed to succeed in school and beyond. ORI has entered into a formal agreement with EEC to reach the outcomes of the grant, specifically increasing awareness in the early childhood education community of the needs of refugee and immigrant families, and increasing to vital EEC services to refugee and immigrant families.

Since FY12, ORI has utilized funding to assist in the implementation of the project to hire a skilled program coordinator, increase cultural and linguistic access and establish training. To date, training has been provided to approximately 660 individuals with reach into populations with children of immigrants and refugees ages 0-5. The trainings covered best practices on serving and meeting the academic needs of dual language learners, aligning with EEC's standards, guidelines and systems and cultural competency with a focus on immigrants and refugees.

## Performance Dashboards

Promoting Health Care Access, Quality and Affordability								
Maintain Access to Health Care and Reduce Disparities in Access								
	Agency	Prior Period	Previous Period	Current Period	Trend	Target	Status	Comments
Percentage of children with health insurance	EHS	NA	99.8%	98.1%	Stable	100.0%	▲	Data compares FY10 and FY11. MA ranks 1st in the nation.
Percentage of employers offering health insurance coverage	EHS	NA	77%	76%	Stable	80%	▲	Data compares FY10 and FY11. MA is above the national average of 60%.
Percentage of Massachusetts residents with health insurance	EHS	NA	98.1%	96.9%	Stable	100.0%	▲	Data compares CY10 and CY11. The Center for Health Information and Analysis (CHIA) did not conduct the Massachusetts Health Insurance Survey (MHIS) in 2012.
Percentage of residents with incomes <150% Federal Poverty Level without health insurance	EHS	NA	NA	7.0%	NA	1.9%	◆	Current period is FY11 and is considered baseline. Improvement is expected after the full implementation of Affordable Care Act (ACA). ACA Expansion went into effect January 1, 2014.
Improve the Quality of Health Care in All Clinical Settings								
Number of Serious Reportable Events (SRE)	DPH	512	480	959	Stable	1,007	●	Data compares CY11, CY12 and CY13. SRE definitions were updated resulting in a lower threshold. As a result of this lower threshold, the number of SREs have increased, however they are expected to stay at current level, if not slightly increase.
Number of Hospital Acquired Infections	DPH	500	428	402	Improving	450	●	Data compares FY 10, FY11 and FY12.
Rate of preventable admissions	DPH	NA	8.45	8.12	Improving	8.38	●	Data compares FY11 and FY12.
Percentage of Delivery System Transformation Initiative progress metric targets achieved by participating hospitals	EHS	99%	100%	98%	Stable	100%	▲	Data compares FY12, FY13 and FY14. This is a preliminary number, subject to change slightly due to adjustments in hospital reporting.
Reduce the Cost of Health Care Through System Redesign, Payment Reform and the Use of HIT								
Percentage growth in overall spending per member per year	EHS	-2.30%	1.10%	1.90%	Stable	<3.6%	●	Data compares FY12, FY13 and FY14. Current spending remains below target. FY14 includes ACA population, resulting in a slight increase in spending in the second half of the year.
Health Safety Net demand (\$)	EHS	NA	\$554,000,000	\$482,000,000	Worsening	\$414,000,000	◆	Data compares FY12 and FY13. HSN demand decreased by 13% from FY12 to FY13 and is projected to increase by 4% in FY14. However, the decrease in FY13 was artificially low due to claims processing adjustments, rather than due to a decrease in actual demand for services in FY13. The demand projected in FY14 is 9% lower than demand in FY12, which was not affected to the same extent by claims processing adjustments. This expected decrease in demand is largely due to patients becoming eligible for more comprehensive programs as a result of the ACA.

STATUS LEGEND		
On Target	>= Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	◆
Not Applicable (N/A)		NA

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	Agency	Prior Period	Previous Period	Current Period	Trend	Target	Status	Comments
<b>Improve Care Coordination for High Risk Populations: People with Chronic Disease, Including Cognitive, Mental, Behavioral and Substance Use Disorders</b>								
Number of MassHealth Primary Care Clinician Plan members engaged through the Care Management program	EHS	NA	6,118	7,955	Improving	6,000	●	Data compares FY13 and FY14.
Number of MassHealth member transitions from institutional to community settings through the Money Follows the Person (MFP) Initiative	EHS	227	243	392	Improving	373	▲	Data compares CY12, CY13 and CY14 year-to-date through 10/31/14. The target is for CY14 and we expect to be able to meet the goal by the end of the year. Since the project began, 912 people have transitioned to community settings through the MFP program.
Number of enrollees in the MassHealth One Care program for individuals eligible for Medicaid and Medicare	EHS	NA	NA	13,405	NA	NA	●	Current period is FY14. One Care began in October 2013. In July 2014, an additional autoenrollment was completed, adding another approximately 5,000 enrollees.
<b>Improve the Health of Individuals, Families and Communities</b>								
Percentage of obese adults in Massachusetts	DPH	23.6%	22.8%	23.6%	Stable	30.6%	●	Data compares CY11, CY12 and CY13. In 2010 the percentage of adults with an obese BMI was 24%. In 2012, the percentage of adults with an obese BMI decreased slightly to 23%. Currently, in 2013, the percentage of adults with an obese BMI has remained relatively stable (23.6%). The 2013 estimate is lower than the target (30.6%).
Percentage of adults who have diabetes	DPH	8.0%	8.3%	8.5%	Stable	7.4%	▲	Data compares CY11, CY12 and CY13. In 2010 the percentage of adults with diabetes was 7.4%. In 2012, the percentage of adults with diabetes BMI increased slightly to 8.0%. The percentage of adults with diabetes in 2013 (8.5%) is slightly higher than the target (7.4%). Source: MA Behavioral Risk Factor Surveillance System (BRFSS) 2013
Percentage of high school students who smoke	DPH	16.0%	14.0%	10.7%	Improving	11.8%	●	Data compares FY12, FY13 and FY14. Improvement in the rate of high school students who smoke has been influenced by a variety of factors, including new and novel tobacco products such as e-cigarettes, the success of the tobacco control campaign in MA and nationwide in creating a social norm that smoking cigarettes is not "cool" and the fact that fewer youth live with someone in their household who smokes, thereby increasing role models who do not smoke. Massachusetts Tobacco Cessation and Prevention and its locally funded programs have promoted a slate of model tobacco control policies including a ban on the sale of tobacco in pharmacies, minimum pricing of single cigars and a municipal cap on the number of tobacco retailers.
Number of newly reported HIV/AIDS cases	DPH	689	682	694	Stable	685	▲	Data compares CY10, CY11 and CY12. There was an increase of 1.76% over 2011; this is considered stable and not statistically significant. The numbers of diagnoses are constantly changing in the surveillance system due to continuous follow-up and investigations with providers to get accurate information regarding earliest diagnosis.

STATUS LEGEND		
On Target	>= Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	◆
Not Applicable (N/A)		NA

## EOHHS: Working to Improve Quality of Life for the People of Massachusetts

Fostering Safe Communities								
Partner with Local Communities to Implement Targeted Strategies to Reduce Youth Violence								
	Agency	Prior Period	Previous Period	Current Period	Trend	Target	Status	Comments
Number of youth diverted from hardware secure detention	DYS	463	604	723	Improving	657	●	Data compares FY12, FY13 and FY14. For FY14, the target was adjusted due to the Raise the Age legislation. The target is defined as a 10% increase over the average for the last 3 years.
Average length of stay in detention (days)	DYS	20.1	19.9	17.6	Improving	19.2	●	Data compares FY12, FY13 and FY14. This metric is used nationally to help guide case processing decision making. While ultimately the Juvenile Court holds the authority on when a juvenile is released from detention, many partners can influence and impact this decision. DYS Court Liaisons/ Court Expeditors work with all the stakeholders and advocate for appropriate placements so youth can be moved out of a secure-detention settings as quickly as possible.
Percentage of youth on bail who appeared in court after placement in community-based options	DYS	100%	99.7%	98.1%	Stable	99%	▲	Data compares FY12, FY13 and FY14. Goal for FY15 is for metric to stay stable.
Total secure detention capacity in the Commonwealth	DYS	197	144	166	Stable	200	▲	Data compares FY12, FY13 and FY14. The detention capacity for the current period has increased by 15% over the previous period, largely due to Raise the Age legislation.
Total number of youth held on bail from Juvenile Courts	DYS	2,515	1,990	2,191	Stable	2,455	▲	Data compares FY12, FY13 and FY14. For FY14, the target was adjusted due to the Raise the Age legislation. The target is defined as a 10% increase over the average for the last 3 years.
Percentage of Safe and Successful Youth Initiative (SSYI) youth engaged in an employment program	EHS	6%	21%	40%	Improving	NA	NA	Data compares FY12, FY13 and FY14. Although this can fluctuate based on the individual needs of SSYI participants our goal is to maximize youth participation in this service.
Number of aggravated assault victims in 14-24 age range in SSYI Communities	EHS	3,192	2,942	2,639	Improving	NA	NA	Data compares CY11, CY12 and CY13. This represents a 10% decline in youth aggravated assault victims since 2012. Target is not applicable for this measure; target is a continued decline.
Enhance Veteran Safety								
Number of suicide prevention contacts made by the State Advocacy for Veterans Empowerment (SAVE) program	DVS	2,650	4,220	6,680	Improving	NA	NA	Data compares FY12, FY13 and FY14. In FY14, the SAVE program provided direct outreach to approximately 6,680 veterans.
Increase Efforts to Support Veterans in the Criminal Justice System								
Number of veterans in the criminal justice system served by the SAVE team	DVS	75	100	163	Improving	150	●	Data compares FY12, FY13 and FY14. In the latter part of the year, we partnered with DMH to expand peer outreach in the courts. In addition, we added two veteran corps to the Commonwealth and expect to add two more in FY15. DVS has been given additional dollars through the court system to assist veterans statewide. We expect this figure to grow as well in future years.

STATUS LEGEND		
On Target	>= Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	◆
Not Applicable (N/A)		NA

## EOHHS: Working to Improve Quality of Life for the People of Massachusetts

Advancing Self-Sufficiency								
Increase Accessible and Varied Job Development, Job Creation and Support Opportunities								
	Agency	Prior Period	Previous Period	Current Period	Trend	Target	Status	Comments
Percentage of refugees in the Refugee Employment Services programs who obtained their first job in the fiscal year	ORI	75%	80%	80%	Stable	76%	●	Data compares FY12, FY13 and FY14. The percentage of refugees enrolled in refugee employment services who got a first job within FY14 was unchanged from FY13, and again exceeded the annual target by four percentage points.
Number of ORI clients sworn in as citizens	ORI	430	461	414	Improving	445	●	Data compares FY12, FY13 and first three quarters of FY14. ORI expects to exceed target by year end. Overall, the increase from prior years is due to a variety of implementation improvements, including 1) an additional \$100,000 budgeted to CNAP, 2) increased outreach and assistance to CNAP, 3) a standardized vendor reimbursement schedule, and 4) the release of a competitive Request For Response (RFR). The RFR resulted in a greater diversity of organizations that could work with ORI, and it also increased statewide awareness of Citizenship for New American Programs.
Percentage of DDS clients in integrated and competitive community employment	DDS	27%	28%	28%	Stable	29%	▲	Data compares FY12, FY13 and FY14.
Percentage of individuals with a disability who sustain employment for at least 90 days	MRC	61%	63%	73%	Improving	68%	●	Data compares FY12, FY13 and FY14. MRC has had increased success in placing and retaining consumers in competitive employment outcomes. MRC has used its account management system to place and retain consumers in high-growth jobs. The Competitive Integrated Employment Services (CIES) program has resulted in a very high rate of job retention for consumers with significant disabilities.
Number of individuals with intellectual disability receiving on-going employment supports in group or individual employment	DDS	3,610	3,547	3,547	Stable	3,582	▲	Data compares FY12, FY13 and FY14. DDS works in conjunction with providers of employment services to report the number of individuals, in group or individual employment, who receive some form of on-going support.
Percentage of individuals with intellectual disabilities in the Employment Services Program who sustain employment for at least 90 days	DDS	89%	87%	87%	Stable	88%	▲	Data compares FY12, FY13 and FY14.
Number of MRC consumers in integrated employment at a competitive wage for 90 days or more	MRC	3,487	3,509	3,653	Improving	3,600	●	Data compares FY12, FY13 and FY14. MRC has seen a steady increase in successful employment outcomes for consumers. MRC implemented an employer account management system to increase employment outcomes for consumers in high-growth industries and we are focusing providers on job placement in high growth jobs across Massachusetts with the Competitive Integrated Employment Services employment program.
Number of employers that have hired individuals with disabilities	MRC	2,734	2,748	3,027	Improving	2,800	●	Data compares FY12, FY13 and FY14. The number of employers hiring MRC consumers has increased through a combination of outreach to new employers by MRC's Employment Service Specialists, the increased use of MRC's employer account management system which places consumers into employment in high-growth areas, and economic improvement which has led to a reduction in the unemployment rate and an increase in the number of employers seeking to hire staff.

STATUS LEGEND		
On Target	>= Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	◆
Not Applicable (N/A)		NA

## EOHHS: Working to Improve Quality of Life for the People of Massachusetts

	Agency	Prior Period	Previous Period	Current Period	Trend	Target	Status	Comments
<b>Promote Skill Development for Youth with Disabilities in Preparation for a Productive Adult Life</b>								
Number of youth summer internship placements	MCB	68	82	75	Stable	75	●	Data compares FY12, FY13 and FY14. Consumers who are primarily high school and college students are placed in eight-week summer internships working for private and public sector employers.
Number of summer internship placements for youth	MRC	104	180	109	Stable	109	▲	Data compares FY12, FY13 and FY14. The Transition Works Federal Grant's summer internship program wrapped up as the grant ended; as such, the number of internships offered by MRC changed. MRC is establishing a new Summer Internship program based on the lessons learned and the results of this program will be evaluated to determine future expansion across the Commonwealth.
Number of summer internship placements for youth	MCD	35	35	35	Stable	35	●	Data compares FY12, FY13 and FY14.
Number of MRC youth who find employment after participating in training programs	MRC	909	914	1,186	Improving	1,000	●	Data compares FY12, FY13 and FY14. MRC continues to experience an increase in the number of youth consumers coming to the agency for Vocational Rehabilitation services. Serving youth is an important focus for MRC and has led to the implementation of several vocational internship programs in partnership with partners including the Independent Living Centers. These internships are critical in developing employment skills and experience leading to successful placement into competitive employment opportunities.
<b>Ensure the Availability of Physical and Communication Access for Individuals with Disabilities in the Commonwealth</b>								
Number of individuals who receive core services from Independent Living Centers	MRC	19,449	19,521	20,905	Improving	19,750	●	Data compares FY12, FY13 and FY14. Staff providing core services at the Independent Living Centers are now using a more efficient database and client tracking system which has provided staff with more time to work directly with consumers and deliver services.
Number of trainings provided by MCD in community settings	MCD	141	98	95	Stable	NA	NA	Data compares FY12, FY13 and FY14. Target is not appropriate for this measure as MCD responds to all requests for trainings each year.
Percentage of communication access requests filled by MCD	MCD	89%	88%	80%	Stable	80%	▲	Data compares FY12, FY13 and FY14.
<b>Ensure that Access to All Veterans' Benefits and Services is Available Throughout the Commonwealth</b>								
Number of hits to MassVetsAdvisor.org	DVS	NA	47,941	46,703	Worsening	56,000	◆	Data compares FY12, FY13 and FY14. The Department of Veterans Services and the Massachusetts Broadband Institute increased public awareness and advertising for the portal.
Percentage increase in indirect and direct outreach efforts	DVS	NA	33%	33%	Stable	25%	●	Data compares FY12, FY13 and FY14. This increase is due in part to increased staffing and resources and expanded outreach mediums.
Percentage of communities served by a Veterans Services Organization	DVS	99%	99%	98%	Stable	100%	▲	Data compares FY12, FY13 and FY14. Some communities fell out of compliance this year. Our goal is to maximize community compliance with all veteran service laws.
<b>Expand Income and Financial Support Opportunities for All Elders in the Commonwealth Including Employment, Benefits Eligibility and Personal Planning Opportunities</b>								
Percentage of growth in number of information and referral (I&R) consumers referred directly to public benefits programs over base year	ELD	1%	5%	5%	Stable	3%	●	Data compares FY12, FY13 and FY14. The number of I&R consumers referred directly to public benefits increased by 5.1% from FY12 to FY14.
Percentage growth in number of Serving the Health Insurance Needs of Everyone (SHINE) consumers counseled on full range of health insurance options over base year	ELD	19%	24%	29%	Stable	25%	●	Data compares FY12, FY13 and FY14. The number of SHINE consumers increased by 28.7% from FY12 to FY14. The large increase was attributed to the counseling of OneCare potential consumers.




STATUS LEGEND		
On Target	>= Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	<80% Target	◆
Not Applicable (N/A)		NA




## EOHHS: Working to Improve Quality of Life for the People of Massachusetts

Expanding Community First								
Provide Innovative Person-Centered Services Focused on Consumer Choice and Self-Determination								
	Agency	Prior Period	Previous Period	Current Period	Trend	Target	Status	Comments
Number of consumers served in community living programs	MRC	11,571	11,637	11,698	Stable	11,650	●	Data compares FY12, FY13 and FY14. Consumers served remained Stable to FY13 due to available resources.
Number of individuals utilizing MCB Social Services program assistance	MCB	2,962	3,516	3,349	Stable	3,350	▲	Data compares FY12, FY13 and FY14. It is the policy of MCB to offer appropriate services to each person newly registered as legally blind as well as to those who develop additional problems related to adjustment to blindness. Services are planned and provided individually, based on the person's unique needs. Services provided may include: homemakers, respite services, after-school programs, low-vision services, mobility training and specialized children services. The current results for FY14 met the target.
Number of registered legally blind persons served that become or remain independent as a result of MCB services	MCB	1,882	1,943	1,984	Stable	2,000	▲	Data compares FY12, FY13 and FY14. The number of legally blind consumers who successfully completed services to increase their independence has increased 2% since FY13 and by 5% since FY12.
Number of individuals who receive case management and planning through state elder home care programs	ELD	42,916	43,161	43,611	Stable	42,000	●	Data compares FY12, FY13 and FY14. In FY14, the lifting of the waiting list in the Home Care Basic and ECOP program stabilized the home care enrollment and case management.
Expand Access to Home and Community-Based Long-Term Supports While Also Improving the Capacity and Quality of Supports								
Number of adults who were long term residents of nursing facilities who are now placed in the community	MRC	141	179	238	Improving	238	●	Data compares FY12, FY13 and FY14. The development and continued deployment of the Acquired Brain Injury (ABI) and Money Follows the Person (MFP) waivers and resources has led to an increase in individuals being transitioned into the community from nursing homes and other institutional settings.
Number of DDS home and community-based waivers utilized	DDS	12,352	12,194	13,480	Improving	13,887	●	Data compares FY12, FY13 and FY14. Overall, waiver caps increase each year to allow more families to be served. The goal is to fill 100% of available slots.
Number of individuals utilizing Home Care Support services	MRC	1,273	1,107	1,279	Stable	1,227	●	Data compares FY12, FY13 and FY14. MRC's Home Care Assistance program continues to be resource-strained. The program has been level-funded over the last several years and this has impacted the ability of the program to serve additional consumers despite an increase in demand for services.
Number of MRC home and community-based waivers utilized	MRC	181	252	347	Improving	425	●	Data compares FY12, FY13 and FY14. There are three waiver programs included in this measure. The Money Follows the Person (MFP) waiver programs are new waivers started in late FY13 and continue to be ramped up as individuals are transitioned into the community. Enrollments will increase in FY15. There have been changes to these programs as the residential waivers for Acquired Brain Injury (ABI) and MFP have been transferred to the Department of Developmental Services. Therefore, the number of individuals enrolled in the waivers operated by MRC will change in FY15.
Number of individuals who are utilizing services through MRC-funded residential services annually	MRC	64	68	62	Stable	62	▲	Data compares FY12, FY13 and FY14. The data collection method was streamlined in FY14 to improve the quality of the data in this area. Performance was consistent with FY13.
Number of adults with intellectual disabilities who move from Developmental Centers into the community	DDS	70	52	39	Improving	39	●	Data compares FY12, FY13 and FY14. DDS has made a commitment to serve individuals in the community.

STATUS LEGEND		
On Target	>= Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	◆
Not Applicable (N/A)		NA

## EOHHS: Working to Improve Quality of Life for the People of Massachusetts

	Agency	Prior Period	Previous Period	Current Period	Trend	Target	Status	Comments
<b>Improve the Capacity, Quality and Availability of Community-Based Long-Term Care Service and Supports</b>								
Number of nursing facility eligible consumers who live in the community with Home Care services and supports (Home Care Basic Waiver, ECOP and Community Choices)	ELD	13,850	15,495	16,112	Stable	14,000		Data compares FY12, FY13 and FY14. In FY14, the increase in ECOP funding lifted the ECOP waiting list and permitted the pent up demand for nursing facility eligible consumers to receive ECOP services.
Number of individuals who receive long term care services and supports through Senior Care Options (SCO) or Program for All-Inclusive of Elders (PACE)	ELD	24,113	28,482	33,889	Improving	33,000		Data compares FY12, FY13 and FY14. From FY13 to FY14, the number of SCO and PACE consumers increased by 19% or 5,407 consumers. The increase is consistent with previous years' growth trends in both SCO and PACE. This trend in enrollment growth is predominantly attributed to geographic area expansion serviced by SCO and PACE organizations along with marketing outreach that highlights the benefits of SCO/PACE membership as compared to fee for service alternatives.
<b>Increase the Supports Available to Informal Caregivers such as, Respite and Supportive Services in Order to Encourage Continuation of Informal Care Giving</b>								
Number of Caregivers utilizing respite services of Massachusetts Family Caregiver Support Program (MFCSP) or Elder Home Care Program	ELD	2,848	2,876	3,137	Stable	2,900		Data compares FY12, FY13 and FY14. In FY14, 3,137 consumers and their caregivers received respite care services through state and federal programs. In addition, Home Care basic, Enhanced Community Options Program (ECOP) and Community Choices program also provided respite care services to caregivers. The number is not included in this measure.

STATUS LEGEND		
On Target	>= Target	
Close-to-Target	80% to 99% of Target	
Off Target	< 80% Target	
Not Applicable (N/A)		NA

## EOHHS: Working to Improve Quality of Life for the People of Massachusetts

Ensuring Children are Ready to Learn								
Improve Student Attendance								
	Agency	Prior Period	Previous Period	Current Period	Trend	Target	Status	Comments
Percentage of DYS youth passing the MCAS Math Test	DYS	NA	69%	86%	Improving	80%	●	Data compares FY12 and FY13.
Percentage of DYS youth passing the MCAS English Language Arts Test	DYS	NA	100%	100%	Stable	80%	●	Data compares FY12 and FY13.
Meet Families' Support Needs								
Number of 211 Children Requiring Assistance (CRA) related prevention calls	EHS	NA	NA	11,282	NA	NA	NA	Current period is FY14. There has been a significant increase in utilization since its start date in Q1 of FY14
Number of 211 CRA related intervention calls	EHS	NA	NA	500	NA	NA	NA	Current period is FY14. There has been a significant increase in utilization since its start date in Q1 of FY14
Number of 211 calls received by families who have children aged 6-18	EHS	NA	NA	11,782	NA	NA	NA	Current period is FY14. There has been a significant increase in utilization since its start date in Q1 of FY14
Address Students' Non-Academic Needs (e.g. Behavioral, Physical and Mental Health)								
Percentage of children in DCF Departmental Foster Care who are placed with kin	DCF	51%	52%	53%	Improving	29%	●	Data compares FY12, FY13 and FY14. The Department has significantly increased efforts to identify kin as a placement alternative when out of home placement is necessary. Kinship placement affords children with positive connections to their families of origin and promotes stability.  Numerator = children placed in kinship and child specific foster homes; Denominator = children in Departmental Foster Care, a smaller set of out-of-home placements that specifically include unrestricted and restricted foster homes.
Percentage of Supplemental Nutrition Assistance Program (SNAP) eligible households in Massachusetts who received benefits	DTA	NA	85%	90%	Improving	85%	●	Data compares FY12 and FY13. This measure is published by the USDA annually on a one-year delay.
Percentage MassHealth clients <21 receiving well-child visits who have received a behavioral health screening (CBHI)	EHS	67%	71%	71%	Stable	70%	●	Data compares FY12, FY13 and FY14. This figure has increased since 2012 and has exceeded target the last 2 years
Number of enrollees in Refugee School Impact and Unaccompanied Refugee Minors programs	ORI	904	931	973	Improving	917	●	Data compares Federal FY12, Federal FY13 and the first three quarters of Federal FY14. After several years of outreach and relationship building, communities are more aware of these programs and actively seek services when refugee youth arrive in the area.

STATUS LEGEND		
On Target	> = Target	●
Close-to-Target	80% to 99% of Target	▲
Off Target	< 80% Target	◆
Not Applicable (N/A)		NA

## Looking Forward

EOHHS' Secretariat priorities: 1) **Promoting Health Care Quality, Access and Affordability**, 2) **Fostering Safe Communities**, 3) **Advancing Self-Sufficiency**, 4) **Expanding Community First** and 5) **Ensuring Children are Ready to Learn** will be reassessed as part of the development of a new strategic plan for the next administration.

Key initiatives already underway such as further implementation of the Affordable Care Act and its innovative programs, oversight of the new Medical Marijuana dispensaries and continued focus on the opioid crisis will continue. Projects funded under the Prevention and Wellness Trust Fund will begin and data collection and analysis will determine program effectiveness and opportunities for expansion.

Through sustained partnerships with stakeholders throughout state government, we will continue to advocate for safe communities by strengthening services for youth and supporting for our veterans. Joint efforts with the Executive Office of Public Affairs will support families and create educational and employment opportunities for proven-risk youth. Collaborations with the criminal justice system, the Departments of Mental Health and Veterans Services will result in veterans receiving appropriate supports as a potential alternative to jail time.

Assistance for vulnerable populations in need of employment will continue under our Employment First policy. Vocational Rehabilitation, Refugee Employment Services and youth mentoring

will all build skills and increase the diversity of the Commonwealth's workforce. Communication access and outreach to special populations will continue to expand, ensuring that veterans and people who are deaf/hard of hearing, blind have the supports and services they need to live fulfilling lives in the community.

Implementation of our innovative home- and community-based waiver programs and special projects such as the Balanced Incentive Program will ensure access and capacity for individuals to live in the community. Case management will continue to provide thousands of people throughout the Commonwealth with knowledgeable professionals who can navigate complex systems and address unique and sometimes challenging circumstances for individuals and families alike.

Families will continue to benefit from family support programs, educational stability efforts and nutrition and employment assistance to provide strong foundations that will support positive educational achievements for our children. Through a continued focus on collaborations, EOHHS is committed to addressing the complex needs of families in poverty in a holistic way.

Our work is complex and our reach is broad, yet our data shows that we are making a difference. As we look forward, we will continue to use performance management principles not only to identify and address areas for improvement but to celebrate our successes as well.

## Measure Definitions

GOAL	MEASURE	DESCRIPTION	AGENCY OWNER
<b>Promoting Health Care Access, Quality and Affordability</b>	Percentage of children with health insurance	This measure tracks the percent of Massachusetts' children (ages 0-18) who had creditable health insurance coverage during the past year, excluding insurance plans that only cover one service and coverage through federal employees not covered through commercial carriers.	EHS
	Percentage of employers offering health insurance coverage	This measure tracks the percent of all employers in Massachusetts who make health insurance available to their employees in a given year.	EHS
	Percentage of Massachusetts residents with health insurance	This measure tracks the percent of Massachusetts' residents who had health insurance coverage during the past year, excluding insurance plans that only cover one service, federal employees not covered through commercial carriers, people on active duty and their families, and prisoners.	EHS
	Percentage of residents with incomes <150% FPL without health insurance	This measure tracks the percent of Massachusetts residents with family incomes less than 150% of the federal poverty level who lacked health insurance coverage in a given year.	EHS
	Number of SREs (Serious Reportable Events)	This measure tracks the number of serious reportable events (SRE), which are largely preventable, harmful and occur in a clinical setting.	DPH
	Number of HAIs (Hospital Acquired Infections)	This measure tracks the number of hospital- acquired infections (HAI) that patients get while being treated for another condition.	DPH
	Rate of preventable admissions	This measure tracks the rate of patient readmissions for the same condition that were preventable.	DPH
	Percentage of Delivery System Transformation Initiative (DSTI) progress metric targets achieved by participating hospitals	This measure tracks percentage of progress metric targets achieved by hospitals that are participating in the Delivery System Transformation Initiative (DSTI).	EHS
	Number of MassHealth member transitions from institutional to community settings through the Money Follows the Person (MFP) Initiative	This measure tracks the number of MassHealth members transitioning from institutional to community settings through the Money Follows the Person (MFP) Initiative.	EHS
	Number of enrollees in the MassHealth One Care program for individuals eligible for Medicaid and Medicare	This measure tracks the number of MassHealth members eligible for Medicaid and Medicare who are enrolled in the One Care program.	EHS

EOHHS: Working to Improve Quality of Life for the People of Massachusetts

	MEASURE	DESCRIPTION	AGENCY OWNER
	Percentage growth in overall spending per member per year	This measure tracks the percentage growth of MassHealth spending per member per year.	EHS
	Health Safety Net demand (\$)	This measure tracks the total amount that the Health Safety Net would have paid to hospitals and community health centers in the absence of a shortfall in the Health Safety Net Trust Fund.	EHS
	Number of MassHealth PCC Plan members engaged through the Care Management program	This measure tracks the unduplicated number of MassHealth Primary Care Coordination (PCC) Plan members participating in the Care Management program.	EHS
	Percentage of obese adults in Massachusetts	This measure describes the percent of Massachusetts adults aged 20 years and over with Body Mass Index greater than or equal to 30, as reported on the Behavioral Risk Factor Statistical Survey.	DPH
	Percentage of adults who have diabetes	This measure describes the percent of Massachusetts adults aged 18 years or over diagnosed with diabetes, as reported on the Behavioral Risk Factor Statistical Survey.	DPH
	Percentage of high school students who smoke	This measure describes the percent of Massachusetts students in grades 9 - 12 who report smoking in the last 30 days on the Youth Risk Behavior Survey.	DPH
	Number of newly reported HIV/AIDS cases	This measure tracks the total annual number of unique individuals who have been diagnosed by a physician, reported to DPH, and meet the case definition for infection with the human immunodeficiency virus and/or acquired immune deficiency syndrome in a given calendar year.	DPH
Fostering Safe Communities	Total number of youth held on bail from Juvenile Courts	This measure tracks the total number of youth detained at DYS during each fiscal year.	DYS
	Number of youth diverted from hardware secure detention	This measure tracks the number of detained youth who are safely diverted from hardware secure detention (e.g. jail) to a less restrictive placement (staff secure / foster care).	DYS
	Average length of stay in detention (days)	This measure tracks average length of stay in a DYS facility.	DYS
	Percentage of youth on bail who appeared in court after placement in community-based options	This measure tracks the percent of detained youth diverted to foster care who make their scheduled court appearance.	DYS
	Total Secure detention capacity in the Commonwealth	This measure tracks the total number of DYS beds allocated for detained youth.	DYS
	Percentage of SSI youth engaged in an employment program	This measure tracks the percent of SSI youth who are engaged in a component of a transitional employment program funded by SSI dollars.	EHS
	Number of Aggravated Assault victims in 14-24 age range in SSI Communities	This measure tracks the number of aggravated assaults in aggregate in the 14-24 age range in the 11 Safe and Successful Youth Initiative (SSI) communities.	EHS

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	MEASURE	DESCRIPTION	AGENCY OWNER
	Number of suicide prevention contacts made by the State Advocacy for Veterans Empowerment (SAVE) program	This measure tracks the number of veterans and their family members reached with information about suicide and prevention strategies through the Statewide Advocacy for Veterans Empowerment Program.	DVS
	Number of veterans in the criminal justice system served by the SAVE team	This measure tracks the number of veterans in the criminal justice system who the SAVE team helped to seek a sentence of treatment instead of incarceration.	DVS
Advancing Self-Sufficiency	Percentage of refugees in the Refugee Employment Services programs who obtained their first job in the fiscal year	This measure tracks the percent of refugees enrolled in Refugee Employment Services programs who were employed within the first fiscal year following their enrollment.	ORI
	Number of Office for Refugees and Immigrants clients sworn in as citizens	This measure tracks the number of ORI clients enrolled in the CNAP (Citizenship for New Americans) program who were sworn in as citizens.	ORI
	Percentage of Department of Developmental Services clients in integrated and competitive community employment	This measure tracks the percentage of individuals in community employment at a competitive wage.	DDS
	Percentage of individuals with a disability who sustain employment for at least 90 days	This measure tracks the percentage of MRC clients with a wide range of significant disabilities that have been placed into competitive integrated employment and who sustain employment for at least 90 days.	MRC
	Number of individuals with intellectual disability receiving on-going employment supports in group or individual employment	This measure tracks a four week snapshot of data supplied annually by providers of employment services, and represents the number of individuals, in group or individual employment, who receive some form of on-going support.	DDS
	Percentage of individuals with intellectual disabilities in the Employment Services Program who sustain employment for at least 90 days	This measure tracks the percentage of total individuals participating in the Employment Services Program who maintain employment for at least 90 days.	DDS
	Number of Massachusetts Rehabilitation Commission (MRC) consumers in integrated employment at a competitive wage for 90 days or more	This measure tracks the number of MRC clients who have been placed into competitive integrated employment for 90 days or more.	MRC
	Number of employers that have hired individuals with disabilities	This measure tracks the number of unique employers who have hired Mass. Rehabilitation Commission consumers into competitive integrated employment for 90 days or greater during the fiscal year in question.	MRC
	Number of youth summer internship placements (MCB)	This measure tracks the number of Mass. Commission for the Blind-involved youth who are placed into summer internship training opportunities.	MCB

EOHHS: Working to Improve Quality of Life for the People of Massachusetts

	MEASURE	DESCRIPTION	AGENCY OWNER
	Number of summer internship placements for youth (MRC)	This measure tracks the number of Mass. Rehabilitation Commission youth clients who are placed into summer internship training opportunities.	MRC
	Number of summer internship placements for youth (MCD)	This measure tracks the number of Mass. Commission for the Deaf youth who are placed into summer internship training opportunities.	MCD
	Number of MRC youth who find employment after participating in training programs	This measure tracks the number of Mass. Rehabilitation Commission youth clients who are placed into competitive integrated employment after receiving training and other services from the MRC Vocational Rehabilitation program.	MRC
	Number of individuals who receive core services from Independent Living Centers	This measure tracks the number of individuals receiving services from the 11 Massachusetts Independent Living Centers to assist them in living and working in the community.	MRC
	Number of trainings provided by Massachusetts Commission for the Deaf in community settings	This measure tracks the number of trainings for consumers, at which they discuss rights with regard to communication access, accommodations and modifications to ensure equal access to programs and services.	MCD
	Percentage of communication access requests filled by Massachusetts Commission for the Deaf and Hard of Hearing	This measure tracks the percentage of interpreter and Communication Access Real-time Translation (CART) software requests filled by the agency.	MCD
	Number of hits to MassVetsAdvisor.org	This measure tracks the number of visits to the MassVetsAdvisor.org website per half year.	DVS
	Percentage increase in indirect and direct outreach efforts	This measure tracks the percent increase of two types of outreach efforts from FY12 to FY13. Indirect outreach efforts include phone calls and flyers. Direct outreach efforts include meetings, site visits and follow up phone calls.	DVS
	Percentage of communities served by a VSO	This measure tracks the percentage of all towns with a population of 12,000 or more that have a Veteran's Services Officer (VSO).	DVS
	Percentage of growth in number of I & R consumers referred directly to public benefits programs over base year	This measure tracks the percentage of growth in the number of Information and Referral consumers referred to public benefits programs since FY12 (base year).	ELD
	Percentage growth in number of SHINE Consumers counseled on full range of health insurance options over base year	This measure tracks the percentage of growth in the number of Serving the Health Information Needs of Elders (SHINE) consumers counseled on the full range of health insurance options since FY12 (base year).	ELD

## EOHHS: Working to Improve Quality of Life for the People of Massachusetts

<b>Expanding Community First</b>	Number of consumers served in community living programs	This measure tracks the number of individuals with disabilities receiving services and supports from MRC's Community Living Division's programs to assist them with their quality of life and to maintain their independence in the community.	MRC
	Number of individuals utilizing MCB Social Services program assistance	This measure tracks the number of adults and children receiving independent living social services under an individualized service plan. Examples of services provided based on individual need include: rehabilitation teaching, respite care, vision utilization, and after-school programs.	MCB
	Number of registered legally blind persons served that become or remain independent as a result of MCB services	This measure tracks the number of individuals who have completed planned services through the MCB Independent Living Social Services program during the year. Examples of services provided based on individual need include: rehabilitation teaching, respite care, vision utilization, and homemaker services. Individualized independence goals may include safe travel, effective household management, effective personal management, prevention of institutionalization, and full participation in the family and the community.	MCB
	Number of individuals who receive case management and planning through state elder home care programs	The metric is the quarterly average number of Home Care consumers who receive case management in Home Care programs, including Home Care Case Management Only, Home Care Basic Waiver and Non-waiver, Respite Care Over-Income, the Enhanced Community Options Program (ECOP), and Community Choices.	ELD
	Number of adults who were long term residents of nursing facilities who are now placed in the community	This measure tracks the number of adults with disabilities who have transitioned from nursing homes to the community through MRC's Community Living programs, Independent Living Centers, and Home and Community-Based Waivers.	MRC
	Number of DDS home and community-based waivers utilized	This measure tracks the waiver capacity for all of the four waivers available to DDS consumers, and how they are utilized.	DDS
	Number of individuals utilizing Home Care Support services	This measure tracks the number of individuals with disabilities receiving home care support services from Massachusetts Rehabilitation Commission to assist them with maintaining their independence in the community.	MRC
	Number of MRC home and community-based waivers utilized	This measure tracks the number of individuals actively enrolled in MRC's home and community-based waivers for individuals with traumatic and acquired brain injuries (ABI) including the Traumatic Brain Injury (TBI) waivers.	MRC
	Number of individuals who are utilizing services through MRC-funded residential services annually	This measure tracks individuals with brain injuries receiving state-funded community-based residential services from MRC to assist them with maintaining their independence in the community.	MRC

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	Number of adults with intellectual disabilities who move from Developmental Centers into the community	This measure tracks the number of adults in any long-term DDS facilities who move into community-based care.	DDS
	Number of nursing facility eligible consumers who live in the community with Home Care services and supports (Home Care Basic Waiver, ECOP, and Community Choices)	This measure tracks the number of nursing facility (NF) eligible consumers who live in the community with services provided by Home Care Basic Waiver, the Enhanced Community Options Program (ECOP), and Community Choices.	ELD
	Number of individuals who receive long-term care services and supports through Senior Care Options (SCO) or Program for All-Inclusive of Elders (PACE)	This measure tracks the number of individuals who received long-term care services and supports through Senior Care Options (SCO) or Program for All-Inclusive of Elders (PACE).	ELD
	Number of Caregivers utilizing respite services of Massachusetts Family Caregiver Support Program (MFCSP) or Elder Home Care Program	The measure tracks the quarterly average number of caregivers who received respite care through the Massachusetts Family Caregiver Support Program (MFCSP) and the state Home Care Program.	ELD
	Percentage of DYS youth passing the MCAS Math Test	This measure tracks the percent of DYS youth who attempt the math section of the Massachusetts Comprehensive Assessment System (MCAS) who pass.	DYS
	Percentage of DYS youth passing the MCAS English Language Arts Test	This measure tracks the percent of DYS youth who attempt the English language arts section of the Massachusetts Comprehensive Assessment System (MCAS) who pass.	DYS
<b>Ensuring Children are Ready to Learn</b>	Number of 211 Children Requiring Assistance (CRA) related prevention calls	This measure tracks the total number of Mass211 calls that were regarding prevention services for Children Requiring Assistance (CRA).	EHS
	Number of 211 Children Requiring Assistance (CRA) related intervention calls	This measure tracks the total number of Mass211 calls that were regarding intervention services for Children Requiring Assistance (CRA).	EHS
	Number of 211 calls received by families who have children aged 6-18	This measure tracks the total number of Mass211 calls by families where one or more of the children is between the ages of six and seventeen years old.	EHS
	Percentage of children in DCF Departmental Foster Care who are placed with kin	This measure tracks the percentage of children in DCF foster homes who are placed with kin.	DCF
	Percentage of SNAP eligible households in Massachusetts who received benefits	This measure tracks the percentage of residents who meet federal guidelines for low-income food insecure populations who receive Supplemental Nutrition Assistance Program (SNAP) benefits.	DTA
	Percentage MassHealth clients <21 receiving well-child visits who have received a behavioral health screening (CBHI)	This measure tracks the percentage of children on the child health component of Medicaid who receive a behavioral health screening at a well-child visit.	EHS

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	MEASURE	DESCRIPTION	AGENCY OWNER
	Number of enrollees in Refugee School Impact and Unaccompanied Refugee Minors programs	This measure tracks the number of children enrolled in one or both of the programs for refugee students: helping them succeed in school (Refugee School Impact) and ensuring that they are in appropriate foster care (Unaccompanied Refugee Minors).	ORI

## Noteworthy Changes, Additions or Deletions

Priority	Measure	Change	Reason For Deletion/Addition
Fostering Safe Communities	# of Homicide victims in 14-24 age range in SSYI Communities	Delete	Deleted in favor of Aggravated Assault data, which is more indicative of violence levels in communities
	# of direct contacts by SAVE	Delete	Deleted in favor of measure for overall direct assistance
	# of direct assistance	Add	Added to replace direct contacts measure

Questions about this report may be directed to the  
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